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ORIGINAL ARTICLES.

CONTRIBUTIONS TO OBSTETRICS AND DISEASES OF WOMEN.*

[NUMBER ONE.]

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Preliminary Remarks.—In presenting the readers of The Medical and Surgical Reporter with the first of a series of papers under the above title, a few prefatory observations are made, more especially concerning the purpose and the plan of these contributions.

One of the acutest observers and most vigorous reasoners of the century, the late Archbishop Whateley, once remarked: "Some people speak because they have something to say, and others because they want to say something." The writer trusts he has something to say—something that may possibly prove useful to some readers—he would be silent rather than speak from the desire to say something.

The papers will be chiefly clinical, and thus the report of a case or of cases will be presented, and this followed by reflections, imitating the method employed by that able French obstetrician, La Motte, whose great work, published nearly two hundred years ago, has hardly been equalled as a contribution to clinical obstetrics. Occasionally a subject belonging to obstetrics or diseases of women will be discussed, without any clinical observations.

I shall not refrain from narrating some of my own errors when there is hope such narration may haply enable others to avoid similar transgression. Lord Bacon wisely said, "men mark when they hit, but never when they miss." And is not this often true in medicine, especially in its surgical department? We frequently read of brilliant operations, only rarely, if at all, of black failures by the same operators. So, too, there is a tendency to proclaim the errors of others, and to conceal our own, in this respect possibly even proving that the statement made by the Marquise of Queensberry, the famous "Kitty" of Prior, in a letter to Dean Swift, is not exclusively true of women: "Most women have an inconceivable pleasure to find out any faults, except their own." None of us is so wise in diagnosis, and so skillful in treatment that he never makes a blunder; infallibility belongs no more to doctors than to other human beings, and they who seem to claim it, harshly judging their fellow practitioners, constantly and publicly proclaiming their own greatness and success, may be temporarily enthroned as golden gods, but will by-and-by prove upon close examination only gilded clay

* [This series of short papers is contributed by special request of The Reporter. The preliminary remarks indicate the scope of the series. The name of the writer is sufficient guarantee for the value of the observations recorded.—Ed.]

or polished brass; their example is evil, and their work is of no permanent good to society or to the profession.

A few words more: The pompous, and, so far as etymology is concerned, the perverted word gynecology will be ignored in these papers, and so, too, its derivatives. Our literature is becoming loaded with needless neologisms, and many a doctor frankly confesses that he fails to understand some writers, unless while reading their articles he has at his elbow the most recent medical dictionary.

So, too, Zolaism will be given no place. The reaction in general literature against the naturalism of Zola has begun, and so, too, similar reaction will come in medical literature. Illustrations are given in text-books, in medical journals, and advertisements addressed the profession, both at home and abroad, needless nudities of the female form and sexual organs, and descriptions and discussions* in regard of subjects which neither exalt nor instruct, do not help in the diagnosis nor in the cure of disease, and invite pruriency rather than purity of thought, aversion more than approval. No one could imagine that Sir James Y. Simpson or Hugh L. Hodge would utter what is now spoken by some of their successors, or permit in their volumes such illustrations as we now sometimes see in works on diseases of women. Those of us who thus transgress will find no pleasure in the retrospect of our transgressions, conscious that we have thereby not increased but lessened "the sweetness and light" of professional life.

After forty-two years spent in practice, nearly three-fourths of those years engaged also in medical teaching, it is quite possible I will at times express opinions differing from those that are prevalent to-day; but a doctor ought to cultivate catholicity of creed, hoping thus possibly at least, to reconcile occasionally discordant views, taking from each such element of truth, great or small it contains, abhorring that dogmatism which too often is manifested in professional beliefs and practice. Positiveness of assertion and obstinacy of belief may arise from imperfect knowledge, and looking at a question in one part, or from the limits, the small window of personal experience, ignoring what others see from their windows. Occasionally one is tempted by the medical dogmatist to repeat to himself the question of Montaigne, "is there anything so assured, resolute, disdainful, contemplative, serious, and grave as the ass?"

But I conclude these introductory observations, which may seem to some too discursive, but which have not been without design, that possibly other readers may see and appreciate.

ATRESIA OF THE UTERUS IN LABOR.

The patient was seen in consultation with Dr. P. H. Markley, of Hatboro, Penna., and I first present the Doctor's history of the case before my visit: "Was called to see Mrs. L., primigravida, January 19, 1894, in the evening. She was apparently in the first stage of labor, nothing unusual having occurred during her pregnancy. Making a vaginal examination, much to my surprise I could find no os uteri, nor the slightest indication of where it should be. Thinking that possibly the pains might be false, I directed a rectal injection, and used hypodermically one-fourth of a grain of morphia. The pains were not set aside, but rather intensified. I repeated my vaginal examination, the labor having been in progress some hours, but after the most careful search could find no trace of an os. I felt satisfied that there was complete occlusion of the uterus, and sent for Professor Parvin."

It was impossible for me to immediately answer the call, and the second night had come before I reached the patient's residence, some fifteen miles from the city. I found a strong, healthy woman in active labor, the severity of her suffering being mitigated by the inhalation of ether. While she was brought more completely under the influence of the anæsthetic, I made a careful vaginal examination. The head was in the pelvis, making a large hemisphere, to which the uterine wall was closely applied, but nowhere could the os be discovered; this examination was made first, the patient lying upon her back, then upon her right, finally upon her left side; the entire hand was introduced into the vagina, the right hand when she was upon her left side, and the left when she was on

* Whenever such references are pertinent they are proper; but when impertinent they are impudent. The reader will here observe I am using the adjectives in their etymologic sense.

her right side; every square inch of the hemisphere was deliberately and carefully explored, but I could learn nothing more than my friend had done. If it had been daylight, and if a suitable speculum had been at hand, of course it would have been our duty to ascertain if the eye could tell us what the fingers failed to do; but a poor artificial light, and no speculum of any sort rendered impossible such exploration. Again examining with the finger, I thought I discovered a very slight and small elevation, comparing a little thing with great, a sort of cliff overhanging and hiding the entrance to a cave; the position corresponded with that which the os would normally occupy. This conclusion having been reached, I first endeavored by gentle pressure with a silver female catheter, then with a director, finally, with a probe to make an opening into the uterus—of course, severe or strong pressure while effecting a perforation of the uterus, would have almost inevitably done more or less serious injury to the child's head; the instruments available were by no means many, or best—I had known nothing of the nature of the difficulty before my arrival. There was now but one thing to do when penetrating with a blunt instrument seemed impossible, or dangerous, and that was to cut the obstructing tissue; accordingly a small pair of scissors held in one hand, the points guided by two fingers of the other hand to the slight elevation found upon the uterine surface which has been mentioned, and then the tissues were carefully snipped through, the incision permitting the introduction of a silver catheter. The catheter was used to stretch the opening, then a finger was introduced, and soon two or three were employed to dilate the os. In the course of half an hour the os was completely dilated, or dilatable. Wallace's forceps was applied by Dr. Markley, and a large, living, uninjured child was delivered, considerable force being required for the extraction. A hot water antiseptic injection of the uterus was made after the delivery of the placenta; nevertheless there was considerable hemorrhage, so that compression of the uterus and the administration of ergot were necessary. In a few hours reaction was satisfactory, and I returned home. Forty-eight hours subsequently I was sent for on account of a chill followed by a temperature of 103.° I found the lochial discharge offensive, and washed out the uterus very freely with creolin mixture in hot water. The fever soon declined and disappeared. Subsequently the patient's convalescence was neither interrupted nor delayed, except by a slight attack of *phlegmasia alba dolens*. Dr. Markley has recently informed me that both patient and child are quite well; the uterus has somewhat greater than normal length, and the cervix was apparently torn.

REFLECTIONS.—Complete, spontaneous atresia of the os uteri observed in labor is very rare, so rare that some obstetricians deny its occurrence, while most admit atresia may result from cauterization. Delore* refers to the observations of Dubois and Depaul as proving beyond doubt that spontaneous obliteration of the cervix may occur. He also narrates the following case observed by him: The patient was forty-two years old, a primipara, and had not had any anterior lesion. She was exhausted by several hours in vain efforts. At the fundus of the vagina with speculum and finger it was impossible to find the least trace of the orifice, or of projection of the neck. A crucial incision was made, and the labor progressing slowly, the forceps were used. Martin,† on the other hand denies atresia, and explains the alleged instances as simply those of stenosis, this being so great in some cases that only a sound as fine as a hair can penetrate the opening, and yet permitting the escape of fluid from the uterine cavity. In considering the diagnosis Martin, after referring to the exposure of the vaginal vault with the speculum, and seeing upon a round mass, pressed downward, a smooth shining, stretched, bluish-red surface, where one observes upon one side, when not in the median line, a pin-head opening, or the radiating white glistening cicatrix, adds that the membranes, as a rule, rupture from the energetic contractions of the uterus, the amnial liquid escaping and there can be seen, especially during a uterine contraction, a fine stream pass from the opening. The last point, which I do not remember to have found in any other work upon obstetrics, seems to me of considerable importance in distinguishing between atresia and stenosis; of course, too, when one sees this stream, he not only makes a certain diagnosis, but also at once

* Traite Pratique de l'Art des Accouchements.
†Lehrbuch der Geburtshilfe von Dr. A. Martin, 1891.

knows where the orifice is. My friend, Dr. Markley, in talking with me over the case, asked me when the membranes ruptured, and I could not answer his question. Therefore, in reflecting upon the matter, I do not think it impossible, in view of Dr. Martin's statement, that the os might not have been impervious, though by all the means that were available to Dr. Markley and myself, it was impossible to come to any other conclusion than that there was complete atresia, and that the amnial liquor had made slow and silent escape. Nevertheless, it would be advisable in a similar case to carefully examine by sight for fluid coming from the uterus, when such examination can be made before making a positive diagnosis.

In the tenth edition of Schroeders' *Geburtshulfe* edited by Olshausen and Veit, 1888, reference is made to the closure of the mouth of the uterus occurring in pregnancy, this atresia sometimes being the consequence of cauterization. In the most recent German work upon obstetrics, that of Kaltenbach, 1893, stenosis, but not atresia, originating in pregnancy, is described. This author, as others have done, refers to the imminent and unavoidable rupture of the thinned cervical wall rather than the yielding of the stenosed os, if suitable obstetric help fails.

The directions for the treatment of this atresia given by Winckel, (*Lehrbuch der Gérburtshülfe*, second edition, 1893) in case perforation cannot be effected with finger or sound, are to expose the part in the vicinity of the mouth of the womb with a duckbill speculum, after first disinfecting with four per cent. carbolic acid solution, when the tissue is held by tenacula, and either with or without previously pencilling with a four per cent. solution of cocaine, a superficial crucial incision is made through the membrane, and followed by, perhaps, excision of the four ends of the flaps these produced. He employs a vaginal injection immediately afterward, of a three per cent. carbolic acid solution.

But without further consideration of the disputed question as to atresia of the os originating during pregnancy, the obstetrician in making a diagnosis should bear in mind the possibility of sacciform dilatation of the posterior wall of the uterus, and mistaking it for atresia, as in the case reported by Depaul.* This error is impossible if the anterior vaginal vault is accessible, and is carefully explored.

CONTAGIOUSNESS OF TUBERCULOSIS.†

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Whether or not tuberculosis is contagious is not a new question, though 'til very lately it has not attracted much attention. About one hundred years ago, in Naples, compulsory registration of those ill of phthisis, and the destruction of the bedding, furniture, etc., after death, was rigorously enforced by law, and this was the practice until forty years ago. I have myself known Americans in Italy and the south of France, put to much expense and trouble by claims arising out of this idea which still lingered in the minds of the ignorant, though the law was repealed as early as 1855.

The evidence is positive that this way of dealing with phthisis in Naples neither lessened the number of cases, nor in any way benefited the city.

About the year 1870, Dr. L. F. Flick began his painstaking investigations in the Fifth ward of Philadelphia, and soon announced his belief that tuberculosis was contagious, and that the house of the sufferer was the special centre of infection. But his reports being at variance with the observations of medical men in general, were not seriously considered.

With the discovery of the tubercle bacillus, in 1880, bacteriologists and pathologists were able to demonstrate the infectious nature of this disease by the inoculation of animals, and in the course of the past year a number of American societies, among them the Philadelphia County Medical Society, passed resolutions declaring the disease contagious, and recom-

*Archives de Toclogia, 1876.

† Read before the Montgomery County Medical Society, May 9, 1894.

mending all cases to be registered by Boards of Health.

Dr. J. S. Billings, the collator of the medical statistics of the census for 1890, estimates there are about six thousand cases of consumption in Philadelphia, and on the basis of relative population Montgomery county would have eight hundred cases and Norristown one hundred and thirty. By the same method of reckoning there are in the United States about half a million cases of consumption. I take it these figures do not include surgical tuberculosis.

Anything affecting the liberty or personality of this large number of citizens is naturally a matter of importance. The strongest, and indeed the only considerable evidence presented by the contagionists, is the fact that the disease is reproduced in animals by inoculating them with the tubercle bacillus. It is found that the reproduction of the disease by inoculation, even in the most susceptible animal, the guinea-pig, is by no means certain and easy; and that the growth of this bacillus, even in specially prepared culture media, is more or less difficult; that slight variations of temperature, dryness of the atmosphere, and the presence of other organisms, each or any of them kills the tubercle bacillus. I go into these bacteriological details to show how unfair is the inference that when there is proof of contagion by inoculation, it necessarily follows there will be contagion from person to person in the ordinary course of daily life. We know of several diseases that are most certainly reproduced by inoculation that as a matter of fact never, or but very rarely spread in the ordinary intercourse of mankind. Syphilis may be cited as one of these.

To my mind the strongest evidence of the noncontagion (I mean in the ordinary sense of that word) of phthisis is the fact that practicing physicians attending thousands of cases for months and years have failed to note this feature in their consumptive cases. They certainly are better witnesses in this matter than the bacteriologist who perhaps has never followed a single case of this disease through its course in the family. It is true that now and then there is a second case in the same house, probably after a long interval, and this is easily accounted for by the general prevalence of the disease. It is claimed that since attention has been directed to the destruction of the sputum, phthisis has measurably diminished in some of the great cities of the world; but this, I take it, is amply accounted for by better sanitation in these centers of population, as practiced in the last ten years especially.

The medical history of all the resident physicians in the Pennsylvania Hospital for seventy years furnishes most conclusive proof. There are 147 of these gentlemen, only one of whom died of consumption, and he not for five years after leaving the Hospital; and, further, he was in poor health before he became a resident. Remember, too, sixty years of this time was a period when no attention whatever was paid to the destruction of the sputum of the many cases of phthisis constantly found in the wards; and also when no one thought for a moment that consumption could be in any degree contagious. And besides, all these young physicians were passing through the most susceptible period of their lives with respect to this disease. This history is certainly most interesting and important. Contrast the statistics supplied by these one hundred and forty-seven young men with that of a similar number of students in any one of our colleges where they are not specially brought in contact with this disease, and the record of immunity could not possibly be better. And where the same number are employed in unsanitary work-shops, I am sure many would certainly become consumptive.

Contagious diseases have a well-marked period of incubation, but phthisis has not, except in the case of animals infected by inoculation. A herd of previously healthy cattle becomes infected with tuberculosis. There has been no inhalation of dried sputum in all probability; the herd indeed has been confined within known limits, such complete isolation as would be for mankind the strictest quarantine, and yet tuberculosis has effected an entrance. A recent writer cites the peculiar anatomical safeguards, or sentinels, of the breathing apparatus of man, by which he is able to exclude, in so many instances, the tubercle bacillus, and thus endeavors to account, in part, how it is so many persons escape. He forgets that the same breathing apparatus is quite powerless to stay the entrance

of really contagious germs, as in small-pox, where one whiff is followed most certainly by the disease in fourteen days. It is, doubtless, the absence of conditions favorable to the growth in the lung of the tubercle bacillus that insures our safety. If consumption were really so contagious as some would have us believe, the hotels at Lakewood, Fortress Monroe and St. Augustine would be pest houses, and Cairo, Algiers and Nice would be plague spots, and the latter city most of all, because it was a famous winter health resort for the Romans as early as the days of the Empire.

Many of us will recall how some ten years ago a few sanitary enthusiasts advocated compulsory cremation as a sanitary necessity, and declared war on all cemeteries. Indeed, I well remember how this proposition very near came to passing the American Medical Association, in 1886, at St. Louis. About the same time we had the syphilis fright, and public drinking cups, barber-shops, door knobs and the like were all declared highly dangerous.

Registration of tuberculosis as a contagious disease means for the registered ones and their families surveillance, publicity and oftentimes the painful necessity of violating confidences by the attending physician. It further means inhibition as to attendance at school and church and other untold hardships to the sick. It would give the consumptive the feeling that he was officially declared a disease-spreading person, and the consequent worriment, with all hope cut off, would surely defeat the best efforts of the physician at amelioration or cure. The sick would first be shunned and then neglected. Practicing physicians of experience know of their own personal knowledge that the facts do not warrant the State in imposing these hardships on this class already overweighted by misfortune. We can do much good, I am sure, by assuring these sufferers of our sympathy and protection, and by holding out to them, or at least some of them, the undoubted promise of restored health by reason of modern therapeutics and curative climate.

CELLULAR RADIATION.

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An accident met with recently has induced me to communicate this paper.

In stepping out of a phaeton I struck my left hand against the edge of an iron rod. I had on at the time a pair of heavy kid gloves. The blow made no rent in the glove, but caused an abrasion of the skin on the outside of the hand, about three-quarters of an inch in diameter. For a few hours the wound pained me very much, causing considerable constitutional disturbance. The next morning I was sick with *la Grippe*, but my wound was painless. In the afternoon I noticed a radiation of delicate straight lines surrounding it, extending from one to two inches from the wound, about one-eighth of an inch apart, slightly bulbous at their connection with the wound, and at the periphery of the radiation, so fine that they hardly could be seen. The color of these lines was the same as the skin of the hand, with no appearance of inflammation. The lines were only seen when the hand was in a state of flexion.

I gave the wound no special treatment, but left a layer of blood on it to dry, to exclude it from exposure to the air. The radiation daily diminished in size from the circumference, and had almost disappeared, in about ten days, or rather within the "age of resolution," leaving a greatly diminished size of the wound in form of a scab. When the scab was removed, the cicatrix followed by a dry process, leaving a slight trace of the radiation, and its connecting vascularity.

What is the nature of this radiation, and what is its function? The lines were geometrically straight, and could not be vascular in nature; but evidently were of a intercellular material, developed under fixed laws of its own. The radiation was caused by a traumatic irritant. Although its lines were seen but on the surface, there is no doubt they existed and radiated in the same manner from the wound into the surrounding deep tissues. In the case of a wound deeply imbedded within the body, as a gun shot wound, such a

lineal cellular organization would surround it from all points.

The formative process of these lines is primarily effected by the wound itself. The traumatic irritation caused a contractility of the connective cellular tissue, aiding the migration of the intercellular cells to the raw surface of the wound, where their energy became augmented by a vital affinity with the fibrine exudation from the local congestion. This affinity now established transmitted its vital influence in a direct line to the rear cells, forming the lines in question. The immediate cells thus forced by its own innate power, to the wound pass through a transformation, as it surrenders its blastema to the inflammatory exudation in the formation of granulation. When the granulation, or rather the metamorphasis into exudative cells is about completed, the radiation diminishes, and it is the peripheral portion of the lines that first disappear.

But what becomes of the last issue of these lineal cells, after the wound is healed, and they are no longer in demand? It appears when cells forming these lines are no longer needed, they having not the power to recede into their native locality, are changed into connective cells, they lose their shape, size, color, elasticity and power of propagation. It appears here lies the secret, why when any part of the body has been seriously damaged by a wound or by a disease, it has not the same recuperative power it had before; and it even accounts for the predisposition of the same disease that existed once before. As the ultimate locus of life is in the cells (which we know by the primordial cell, and its power of propagation), it is when these are impaired we find the cause of decay in old age, and the remote cause of disease by fault of assimilation and nutrition.

The physiology of cellular radiation, in connection with wounds, has some very interesting features. Its reciprocal action with the wound itself regulates and builds up the healing process. If the traumatic inflammation is, so to speak, within physiological bounds, we have what we call union by first intention. But when the balance of this reciprocity does not exist, we have ulceration, fungus growth, or even gangrene. The contractility of the connective cellular tissue and the mobility of the intercellular cells gives a prompt response to the irritation of the wound. It appears to be an independent reflex action from the wound itself, and is not connected with any muscular structure, and is even without nerves.

Cellular radiation only assumes a pathological feature when subserving to some existing disease. I have my doubts if it is ever etiological in its primary action. It is on this very point we find Virchow and Rokitansky's cellular pathology not tenable. Cells not connected with vascularity have no pathology. The former made a significant remark in regard to the individuality of intercellular cells, from which we draw the inference, that they are not etiological of disease, but may be readily destroyed by a high inflammatory action. He says: "Every individual cell may run its own peculiar course, may undergo its own peculiar changes, without the fate of the cell lying next it being necessarily linked with its own." The intercellular cells have a system of their own; in many of their functions they are independent of the connective tissues, and the nervous and vascular systems. They have an intimate relation with the capilliary circulation, not by a direct communication, yet still in a way to become the recipient of blastema by endosmosis. It is true that a parent cell may have its anomalous development, but that would not come within the range of our consideration.

Nearly all topical medical treatment has its effect on cellular radiation. For ages local remedies were administered with the view to control nervous and vascular action, when often, in a direct manner, they had but little to do with either.

I will briefly refer to a few cases in my own practice to verify this statement:

1. In amputating a finger, I dipped the stump into the spirits of turpentine before applying the dressing. A healing of the first intention followed. Modern surgery would ascribe this ready healing to the antiseptic properties of the remedy. This, however, was not the case; for it was the application of turpentine that aroused the energies of the cells, in a way to favor the formative process.

2. In the summer of 1866, I operated on a maiden lady of great obesity, to relieve her of strangulated inguinal hernia. The operation gave her immediate relief; but the depth of the wound, the hot

weather, and the plethoric condition of the patient gave me considerable uneasiness as to the prognosis of the case. I closed up both the ring and the external opening with sutures, and as a prophylactic to pyemia and gangrene, kept a compress over the wound saturated with a weak solution of Labarrque's solution. The wound healed rapidly with very little suppuration. Then I could not fully account for the speedy recovery of my patient. It is true I gave credit to the antiseptic treatment and the recuperative powers of nature, but there was an auxiliary that favored the recovery I could not account for, for I remember not a drop of the solution, for obvious reasons, was allowed to enter the wound itself. In my retrospection of the case now, I see how Labarrque's solution stimulated cellular radiation, and no doubt favored the rapid recovery of my patient.

3. In the late war having in charge a hospital, one evening a soldier was brought in with double pneumonia. He labored under great dyspnœa, cyanosis, and other unfavorable symptoms. He was put to bed, and I ordered a large compress saturated with spirit of turpentine to be applied to his entire chest, to be left on all night, if the turpentine were tolerated. Next morning the patient was greatly relieved, and with a general treatment that followed he finally recovered. Then I gave all credit to counter-irritation for the happy effects of the case, yet, from my present views of the case, I believe if I had blistered the man, in all probability he would have died that night. I will not stop here to give the differential therapeutic effects of the two irritants. But what did that counter-irritation effect? Was it only forcing a vascular circulation to the surface? Not at all. It transposed the pulmonic irritation to the surface, followed by arousing a full energy of the cellular radiation of the entire chest. As soon as this was effected the *recently* formed pulmonic hyperæmia was readily overcome. But had the pneumonia been in a more advanced stage, the treatment would not have saved the patient.

When an inflammation sets in, under the storm of a violent vascular action, followed with rapid infiltration, the cellular radiation immediately follows to resist (rather to repair) the morbid action; but where the inflammatory action is so much greater than the cellular resistance the latter rather increases than diminishes the inflammatory force; therefore, it may appear to become a pathological element in the disease. This question throws some light on the subject of the administration of antipyretics with good effects.

Cellular radiation as a physiological factor in the animal economy resists all diseases; but when it fails to overcome a morbid resistance it may be the means of doing great harm. It is thus in syphilis, cancer and infectious miasm it disseminates the seed of the disease throughout the body. This explains why irritating topical applications to cancerous growth, may cause cachexia, and shorten the life of the patient. Therefore to take advantage of this cellular force, we have to take into consideration what resistance it may meet, as in inflammation, tumefaction, granulation, ulceration, fungus or malignant growths, etc. When no great resistance is in the way, as in recent wounds and inflammations, its recuperative effects are readily manifested, but where they do exist they must be removed if possible to gain any advantage. For example: in recent ophthalmia a mild sedative alterative collyrium may give relief in a day or two; that is the collyrium holds the irritation and congestion at bay, whilst the cellular radiation is effecting a cure by resolution; but let the ophthalmia be of a chronic nature with obstinate painful granulations, although the cellular force is not withheld, but rather augmented, no cure is effected, but in the strugle with the inflammation, causes tumefaction of the lids, and adds to the granulation itself. Now what is indicated is the heroic treatment to break up the granulations with the knife or caustic, to make way for a resolution on the system mentioned.

The modus operandi of cellular radiation on open wounds and parenchymatous inflammation are not the same. The former is an exudative process, and the latter ends in a force of absorption. In our case of double pneumonia, the *limited continuous* irritant to the chest finally overcame the pulmonic irritation, which was the initiatory stage of inflammation, and at the time bringing a surplus of cellular force to the surface; the two adventitious forces in the lungs were now properly balanced, and resolution at once ensued.

It is not the case, as is generally supposed, that an external irritant alone will compensate for an internal congestion. Congestion before it causes organic changes, if overcome by proper means, disperses with wonderful rapidity.

The contractility of the connective cells toward the seat of the wound, has forcibly revealed itself in the following case:

4. In 1860 a teamster in a state of intoxication fell from his wagon, that was heavily loaded with brick. One of the wheels passed over his head, tearing away the integuments from the left side of the head, leaving a flap lying over the left upper side of the face. It appeared as if a large portion of the pericranium was shaved away with the flesh. I carefully cleansed the wound, and brought the flap to its place as well as I could, mainly with sutures. An inflammatory action set in, and tore out every suture I had made. I replaced them repeatedly, but noticed that the resistance of the flap became less every day as the inflammation lessened, and finally ceased entirely, and a *reverse action* set in in the closing up of the wound.

The healing of a wound is more promoted by cellular radiation than by local inflammation. A healthy local inflammation is a necessity, but mainly to resist the absorption of septic matter from the wound. This resistance is simply a blocking up of the surrounding tissues of the wound, in which cellular radiation likewise is an important factor to effect this, but is characterized by the power of exudation instead of absorption. In my "Medical Consultation Book," I paid special attention in pointing out the effects of the albuminoids in protecting the system from the internal encroachment of toxic matter. The subject is one of great interest, and now to add another order of protection in the healing process of wounds, makes the study of self-protection in the animal economy a most interesting subject to the surgeon and the physician.

COMMUNICATIONS.

THE PRESIDENT'S ADDRESS.*

[ABSTRACT.]

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After thanking the Association for having conferred upon him the honor of presiding over its deliberations, and referring to the beautiful scenery and the scientific menu of the program, Dr. Hibbard spoke of the change of the time of the meeting, which had been rendered desirable in order that many of the State Societies would have an opportunity to act on the question of the revision of the Code of Ethics.

At every annual meeting the officers of the Association, particularly the Permanent Secretary and the Treasurer, have difficulty in appeasing delegates who are not received because the credentials presented by them have not been issued by a society entitled to representation in the Association. The law regulating this matter is plain, to wit: "The delegates shall receive their appointment from permanently organized State Medical Societies, and such county and district Medical Societies as are recognized *by representation* in their respective State Societies." Some of the State Societies are not representative bodies, and consequently this constitutional provision cuts off all delegates from such States except those commissioned by the State Society itself. While this is the letter of the law, it is not the spirit that animates the organization of the Association. The constitution should be revised in this particular at least.

This trouble could be overcome either by a change in the constitution, or better, by a representation of every county society in its State Society. The plan of

*Delivered before the American Medical Association, at the forty-fifth annual meeting, held at San Francisco, Cal., June 5, 1894.

organization so long in successful and satisfactory operation in Indiana might serve as a paradigm. In Indiana the State Society and each county society is a legal corporation. This is not essential, but desirable. Then, every medical man ought to belong to a county or similar society, and thereby to their respective State societies, whence, for the asking, they can step through the portals of this Association, and find in the sections a department already organized into which they can enter, according to the tastes or qualifications, and where a member of any special organization will find himself in the midst of all the members of an Association whose tastes run parallel with his own, whether specialist or general practitioner.

When Dr. Geo. M. Sternberg was appointed Surgeon-General of the Army in May last, he made two innovations in the administration of the affairs of the office: 1st. In establishing an Army Medical School to give passed candidates for appointment to the Army, laboratory practice in bacteriology, sanitary chemistry and other essential instructions for military service. 2d. The position of attending-surgeon in cities having good facilities for medical improvement he filled with young men who were preparing for promotion. These changes did an excellent work, without additional expense to the government; the Museum and Library Building furnished the rooms, and the medical officers on duty in Washington did the teaching in addition to their regular work.

But the number of active young surgeons about Washington and other cities attracted observation, and led the Chairman of the Committee on Military Affairs to conclude there was a surplus of Assistant Surgeons, and in his report to the House he reduced the number from 125 to 90, inhibiting fresh appointments until the number shall be reduced. This recommendation has passed the House, and should it be approved by the Senate will greatly embarrass the Medical Service of the Army and in the end be a detriment to the country, because many military posts will have to depend on civil physicians for medical attendance, and in case of war these would not take the field, and the Army would be without trained medical officers, which would be as serious an evil as unskilled officers in any other department. When these facts were pointed out to the chairman of the committee by other members with better knowledge of practical military affairs, the chairman replied that no one outside of the Army Surgeons had complained, not a single medical society had claimed that an injury would result. Let the American Medical Association at once call the attention of Congress to the mistake threatened.

For twelve years the appropriation for the support of the Library of the Surgeon General's Office was $10,000, but the last Congress reduced it to $7,000, and the present Congress proposes to continue the reduction. This is a National Medical Library, open to and used by physicians from all parts of the country, and the possibility of finding at one place in this country the greater part of the literature on any medical subject has exercised a powerful influence on American medical literature and education. The library aims to obtain every medical book, periodical and report published in any country or language as soon as possible after its issue, and have it at once catalogued and indexed and made available for use. This requires about $7,500 annually. There are still between twenty and thirty thousand volumes of medical books, published years ago, required to complete its equipment to meet all calls made upon it. These volumes are out of print, and only to be obtained from second-hand booksellers and auction sales as opportunity offers, and will involve say $2,500 spent annually for perhaps ten years.

The desirability of supervision of public health by the general government has been recognized by this Association for many years and manifested in various ways. Four years ago a committee, with Dr. C. G. Comegys, chairman, was appointed to prepare a bill, and petition Congress on behalf of the Association to establish a Department of Public Health. This Committee has been continued, somewhat modified, and has reported annually to the Association. Last year the Association appointed another committee, with U. O. B. Wingate as chairman, to consult with a like committee of the American Public Health Association, which has for several years been engaged in an effort to induce Congress to enact a law placing the supervision of the public health in charge of the general government. Other organizations have likewise entered Con-

gress with similar petitions. However, it seems the sentiment of the executive and legislative departments of the government is such as to rob us of all hope of the establishment of a Department of Public Health within the remainder of the nineteenth century. A bureau of public health, with a commissioner as its chief within one of the existing departments of the government was apparently within reach of a united, harmonious, aggressive effort of the profession for a year or two previous to the enlargement of the power of the Marine Hospital service by the last preceding Congress, but the excellent work of that service has lessened the anxiety of the government and the public. The outlook at this time is not encouraging, but if the problems in silver, and tariff and national revenue should be speedily and satisfactorily solved, there might appear a ray of hope for a bureau within the life of the present Congress, provided the medical and sanitary professions would make common and joint effort in demanding it. At present there is no measure formulated in this behalf so worthy of support as the New York Academy bill, now in the hands of Congress. There is no question but strong opposition to this bill has been made by strong men, but the fitness of sanitary human nature for great things is such, that if the opposition to the bill present one better than it, its friends will accept, and if this bill sustains its present status under severest scrutiny, its opponents will join in urging its enactment into a law, and thereby vindicate characters at once wise and patriotic.

Vaccination and other forms of sanitation have prevented an epidemic of small-pox in this country for a generation, and the people have lost the fear of its contagion through ignorance of its nature while progressing, and its sequelæ if its victim survives. The disorders that sometimes follow the insertion of pure vaccine in a cachectic system, and the greater evils arising from the use of spurious or imperfect vaccine and careless vaccination, which are all open to the observation of the public and subject to amplification by cranks and the maliciously ignorant, cause a positive distaste for vaccination among a considerable portion of our population, and a carelessness about securing it on the part of a much larger number. These facts should inspire physicians and other sanitarians who are the custodians of the knowledge of the value of vaccination to redoubled activity in devising and executing popular methods of instruction as to the entire reliability of vaccination to protect from small-pox, as much so as small-pox itself, and that with pure vaccine inserted under proper conditions into the tissues of a person fit to receive it there is positively no shadow of evil, but a promise of good not surpassed by any other single measure of preventive medicine. Evidence accumulates that the undetermined conditions that conduce to the propogation of small-pox are now, and for at least two years have been, prevalent in this country, resulting in outbursts of disease more or less serious in various parts of the country, and too often leaving foci from which fresh infection is distributed. Let us abide in the hope that the Jenner centennial celebration, provided by this Association and to be a part of its exercises at the annual meeting in 1896, may bring out the boundless blessing of the discovery of the immortal Jenner in such wise that all men shall see and acknowledge its protecting power.

Two leading purposes the fathers of this Association had in view at its organization, demanding its serious consideration, were the elevation of the standard of medical education, and that the authority to decide upon the sufficiency of the qualifications of a candidate for a diploma should not rest with his teachers. Much has been done in advancing the extent and character of the collegiate instruction of medical students; the examination of candidates for diplomas is still conducted by the teachers who instructed them, as was done then, and is no more satisfactory to the thoughtful minority of the profession than it was then.

The progress of medicine in the immediate future must be along biologic lines, and it seems desirable that every medical college should have a chair devoted specially to instruction in biology. No one people, or class of people, can claim exclusively to have opened the way into the more primitive arena of nature. The physicists of all nations, botanists, zoölogists, anatomists, physiologists and their congeners have all participated in the progress. Schwan, Virchow, Ferrier, Jackson, Pasteur, Koch and Steinberg may be

mentioned, without prejudice to the labor, name or fame of their many coadjutors, as examples of what benefactors to our race scientists may become whose genius lifts them to a plane of investigation not covered by the curricula practiced in the medical schools of their day, and their distinction is due to their advanced study of biology.

The question of changing the constitution may be readily settled at this meeting by taking a vote to determine whether the voters present desire any change in the existing constitution. If the decision is against any change, the affair is concluded for the once. If the decision expresses dissatisfaction with the constitution as it is, the next question should be: Is the report of the committee of revision precisely what the voters want as a substitute? An affirmative vote here settles the matter, and a negative vote will call for amendments that will adjust either the existing constitution or the committee's substitute, until it conforms to the wishes of the delegates. This may be done without excitement and with a minimum waste of time.

With the Code of Ethics, also, even more than with remodeling the constitution, there is much warmth of feeling; and, as in that case, a little calm forethought will convince that a primary vote involving the question whether or not the voters want any alteration of the Code, may end further consideration of the subject without excitement, confusion or over warmth of feeling, by a decision to let the Code stand as it is, and a contrary decision will call for further procedure, as recited for the completion of an amended constitution.

NEW METHOD FOR REDUCTION OF FRACTURES OF THE LOWER END OF THE RADIUS.*

THOMAS S. K. MORTON, M. D.,† PHILADELPHIA.

The particular method of reducing fractures of the lower end of the radius, to be described, has proved so satisfactory during the past few years in my services at the Pennsylvania and the Polyclinic Hospitals and elsewhere, and in the hands of others to whom I have from time to time demonstrated it, that I now feel justified in giving to it wider publicity. The method is as follows:

The surgeon stands in front of the patient and interlaces his fingers beneath the supinated wrist and palm of the injured member, so that his two index-fingers lie parallel crosswise beneath the lower end of the upper fragment of the radius. The palms of the surgeon's hands are then closed in upon the thenar and hypothenar portions of the patient's hand respectively, while the surgeon's thumbs rest parallel lengthwise upon the upwardly displaced lower fragment of the radius. The parts are thus firmly grasped by the surgeon while the following movements are made: The patient's wrist is excessively extended by carrying his hand upward. When the hyper-extension has thus been secured the surgeon makes powerful traction upon the wrist in the line of hyper-extension. While this traction is maintained the hand is suddenly carried into full flexion, and at the same time powerful downward pressure upon the upwardly displaced lower fragment of the radius is made by the surgeon's thumbs opposed by the interlaced index-fingers beneath the lower end of the upper fragment.

The excessive extension of the first portion of the movement has always, so far in my experience, loosened or disentangled the displaced lower fragment, while the subsequent traction, flexion, and direct thumb-pressure have not yet failed to accurately force the lower fragment into its proper position. Separated epiphysis of the lower end of the radius is likewise easily reducible by this manipulation. For comminuted or complicated or very

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oblique fractures extension and moulding alone are called for in most instances.

Anæsthesia is unnecessary for making a single effort at reduction by the proposed method. The patient does not anticipate what is coming, the two movements are made with lightning-like rapidity in a small fraction of a second, and, in nearly every case, perfect reduction has been accomplished before the patient realizes that he has been hurt. Should the manipulation fail to secure perfect reduction at the first attempt, I would not repeat the manœuvre until anæsthesia had been induced, for the pain of repeating it would be intolerable. Failing in one effort, then, I would etherize and try again, first, this, and afterward, if necessary, any other method that seemed advisable to secure perfect reduction. But thus far in cases that have been seen within a week of the accident I have never had to anæsthetize since evolving the method mentioned; all have been reduced at the first attempt.

In cases older than one week, with displacement persisting, I anæsthetize before making any effort at reduction. The new method may then first be resorted to, and will often be found the best means of performing both refracture and reduction.

For making a diagnosis I have also found a modification of this method most useful. If the surgeon will take the hand and wrist in which fracture is suspected into his hands, as above described, and, while the thumbs press firmly upon the lower end of the radius or first row of the carpus, make a series of gentle, quick, short flexions and extensions of the joint—rocking it through an arc of perhaps 25 or 30 degrees above and below the forearm as a horizontal plane—he will be astonished at the ease with which crepitus of the bones of the joint and of any small or large bony or cartilaginous fragment will be elicited. And, best of all, the diagnosis of these obscure fractures about the wrist can thus, after some practice, be brought out without giving unbearable pain to the patient. Indeed, I have often this way, by the most gentle and practically painless manipulation, been able to clear up the nature of intricate injuries about the wrist.

By practicing the method upon a normal wrist a sufficient degree of expertness can readily be acquired; by it joint crepitation can be brought out in any wrist. It is well, however, not to practice too much or too often upon the same extremity, as excessive stirring up of the joint contents might originate a synovitis.

In conclusion, the writer desires to say that he will be gratified to have reports of the experience of others who may be tempted to employ the method here put forth.

Chronic Bronchitis.

Codliver-oil. During twenty days of the month let the patient take a tablespoonful of the following solution:—

℞ Arseniate of sodium..... gr. iss.
Iodide of sodium..... ʒiiss.
Water..... ʒix.
M.

Every day give four of the following capsules:—

℞ Terpine,
Eucalyptol.....āā gr. iij.
M.

When there is dilatation of the tubes with fetid sputum, inhalation should be made every second hour with

℞ Eucalyptol ..... ʒj.
Alcohol (90 degrees)..... ʒiij.
Water..... ʒvj.

Every day the following potion should be taken:—

℞ Hyposulphite of sodium..... ʒj.
Gummy julep..... ʒiiss.
M.

Every day four of the following pills should be administered:—

℞ Beech-wood creasote,
Terpine,
Iodoform..... gr. ¾.
M.

Capillary Bronchitis.

In the Child.—In the beginning give an ipecac emetic. Make counter-irritation to chest. Every two hours give a teaspoonful of

℞ Acetate of ammonium..... ʒss.
Malaga wine..... ʒx.
Peppermint water..... ʒv.
Syrup of orange-peel..... ʒij.
M.

In the Aged.—Dry cup the chest every two or three days. Let the patient take every two hours a tablespoonful of

℞ Extract of cinchona,
Extract of kola.....āā ʒj.
Old brandy..... ʒx.
Simple julep..... ʒiiss.
M.

In alternation with the preceding mixture administer, every second hour, a teaspoonful of the following cough-mixture:—

℞ Syrup thebaic..... ʒiss.
Syrup of belladonna..... ʒvj.
Cherry-laurel water..... ʒi¾.
Hydrolate of linden..... ʒx.
M.

ASCITIC DISTENTION OF THE ABDOMEN MISTAKEN FOR PREGNANCY.*

T. RIDGWAY BARKER, M. D.

The following case is reported in order to prove the importance, if not absolute necessity, of making a careful and thorough examination of all women pregnant, or supposed to be, before committing ourselves to a positive diagnosis.

In June, 1891, I first saw the patient, Mrs. M. N.; she was then eighteen years of age, white, mother of two children. There was no history of any miscarriages. Her general health was good and condition favorable for the development of the product of conception which she believed was present, menstruation having ceased in October of the preceding year. Inquiry elicited the fact that her menstrual flow up to that time had been perfectly regular and unaccompanied by pain. Morning sickness proved very annoying for the first three months, but later passed away.

From inspection, abdominal palpation, and digital vaginal examination, the patient was judged to be some six months pregnant, and the date of confinement set for the early part of August. On July 27th, I confined Mrs. N., delivering her of a fine male infant which presented by the vertex.

Labor was accomplished without incident or difficulty, and the lying-in period presented no symptoms suggestive of any organic lesion of the kidney. In fact, it is fair to assume that at that time there did not exist any disease of that excretory organ.

The puerperant's pulse was 72 immediately after delivery, but the temperature was not taken.

I visited Mrs. N. for ten days, when attendance was discontinued, the patient being able to be up and move about her room. Mrs. N. was not seen again by me for over two years, when she called at the dispensary and stated that in the first week in January, 1893, she had suffered from a miscarriage.

The product of conception she passed she presumed was about three months' gestation. The cause of its expulsion I was unable to determine, but ascribed it to a catarrhal condition of the endometrium.

While carrying the embryo she had a slight flow of blood each month which she imagined was her menstrual flow, though she remarked at the time it was of shorter duration and more scanty than usual.

The patient failed to return on the day specified and was not seen again until March 6th, of this year. She stated on presenting herself at the clinic that some months after her last visit to the institution she imagined herself to be in the family-way again and called to see a physician. The doctor, she reported, told her that he believed her view to be correct as to her condition, and that he considered her about four months pregnant, and that her confinement might be expected in December. No vaginal examination was made by him, however, nor did he palpate the abdomen, but based his diagnosis simply upon the results of inspection of the uncovered ventral region.

The breasts were exposed on this occasion and were found to be large, full and globular. The veins were prominent and the areolæ well defined. Milk on pressure, she stated, exuded from the nipples as in former pregnancies. At this time her feet were considerably swollen and the œdema tended to extend up the limbs.

Morning sickness was entirely absent. Leucorrhœa was present, but no remedies were directed toward its treatment. At each monthly period, the patient stated, she had a scanty flow of blood, but thought nothing of it as she had much the same discharge in a former pregnancy. She did not again call on her physician, as she felt no anxiety, having passed through three confinements without difficulty.

When I saw Mrs. N. it was March 6th, nearly three months, I learned, after the date of her expected confinement. She was then suffering from nervous prostration incident in a large measure to the worry occasioned by her delayed labor, she was afraid something was the matter.

Her abdomen, she stated, felt different from what it had ever done before. Inspection of the breasts showed them to present what one might almost say was a condition typical of pregnancy. Even the colostrum exuded on pressure from the orifices of the lactiferous ducts. On

*Read before the Philadelphia County Medical Society, May 9, 1894.

inquiry as to whether she felt fœtal movements, she replied that she did at times, but very slightly. No bearing-down sensations, however, or pain had been experienced.

A glance at her abdomen showed markedly that it was not as prominent as one would have reason to expect it would be in a multipara at full term.

On request, Mrs. N. consented to lie down on the sofa in the dorso-recumbent position, and as she proceeded to do so I was impressed with the fact that the abdomen at once became flattened and broader. This made me suspicious as to the presence of a fœtus, and I at once proceeded to palpate over the region of the supposed pregnant uterus. The abdominal walls were flabby, and the intestines were in contact with them in front but not on the sides. Carrying the examining hand downward toward the pubis I found the uterus wholly within the true pelvic cavity. It seemed about normal in size, and there was elicited no sense of tenderness.

Evidently there was no full-term fœtus in that woman's abdomen. Having secured the patient's consent to a digital vaginal examination, I proceeded to make the same, subject to the rules of asepsis. Inspection of the external genitalia presented nothing characteristic. Passing my index finger up the vaginal canal to the cervix, I found it to be elongated, hard and fissured. The os was small, and from it could be felt escaping a mucous discharge. A sound was passed into the uterus and its cavity made out to measure some three to three and one-half inches.

Search for shreds of membrane or other products of a late conception failed to be productive of any result. The distention of the abdomen was undoubtedly ascitic, and not due to a natural growth of a pregnant uterus.

Further inquiry disclosed the fact that not only had there been for several months œdema of the lower extremities, but also swelling of the face as well. This was especially noticeable about the eyelids.

The urine was passed in large quantities and very frequently. It was of a pale yellow or lemon color; sp. gr. 1010; of acid reaction. No albumen present. Sediment composed of mucus. There had been for many months a gradual but none the less persistent loss of flesh.

The eyesight was very poor, so much so that the woman could scarcely read the newspapers. A kind of mist, as Mrs. N. expressed it, floated before her eyes. Headache was not a troublesome symptom nor was any amount of pain referable to the loins made out. Sleep was troubled and the patient not infrequently awoke in a fright.

Inquiry as to the health of her parents brought forth the statement that her father died, under forty years of age, suddenly in the street, and that he had for some years suffered from dropsy. Her mother was still living and enjoyed the best of health. Mrs. N. has no brothers or sisters. It is not my purpose in this paper to enter into a discussion as to the nature of the kidney lesion, but to lay special stress upon the error in diagnosis which resulted simply from a failure to appreciate and apply the golden rules of obstetrics governing the diagnosis of pregnancy. Had the first practitioner who saw this woman not limited his examination to the breasts, but extended it to the abdomen and supplemented the same by a digital vaginal one, he would not have fallen into the error of diagnosticating a case of kidney disease with ascites one of pregnancy.

The case is a typical example of a "snap" diagnosis and only too clearly proves that the thorough way, which calls for inspection, palpation, ausculation, and digital vaginal examination, though more disagreeable, less brilliant, and tedious, is the only safe and satisfactory one in the long run.

Moreover, we see how little dependence is to be placed upon the patient's statements as to her subjective symptoms. Mrs. N. unhesitatingly told me that she did feel fœtal movements, though they were slight, on the occasion of my first visit, three months after the date fixed for her confinement.

Examination, however, proved her sensations to be purely imaginary. She believed herself pregnant, and therefore, knowing that she should have "quickened," she believed that she did recognize fœtal movements.

While the mistake in diagnosis in this case did not result disastrously, yet it might under some circumstances have been made the basis of a suit for damages.

One may occasionally make some brilliant "snap diagnoses," but he may rest assured disaster will surely follow if this course is pursued for any length of time.

TRANSLATIONS.

THERAPEUTICAL SUGGESTIONS FROM FOREIGN JOURNALS.*

ICHTHYOL IN GONORRHŒA IN WOMEN.

Dr. Jullien (*La Sperimentale*, No. 9, 1894) in the treatment of gonorrhœa in women speaks highly of the local application of a 10 per cent. solution in glycerine, upon a tuft of absorbent cotton twisted around a metallic staff, to the urethra. It is repeated every day and with this procedure he has obtained the best of results, in ordinary cases. A tampon with this same solution may be placed into the vagina to prevent diffusion of the gonococcus.

THE IODIDE OF RUBIDIUM AND THE IODIDES.

Dr. C. Vogt (*La Bulletin Medical*, No. 39, 1894) at a recent meeting of the Therapeutic Society of Paris, reported a case of syphilitic headache, which uninfluenced by the iodide of potash, yielded rapidly to the iodide of rubidium. He has a favorable opinion of this iodide though it is three times as expensive as the potash salt. Its taste is not pronounced and it is well tolerated. In cases where an iodide is indicated and the potash salt is not well borne, the iodide of rubidium may be tried, especially where the treatment must be prolonged. In the discussion which followed, Prof. C. Paul thought that rather than point out the inconveniences of a new remedy one should try to fix its sphere of curative action and its indications than to make it replace another remedy. The iodide of sodium, which was heralded some years ago as a substitute for the iodide of potash has been demonstrated to be decidedly inferior, both in syphilis and arterio-sclerosis. The iodide of potash is certainly a very disagreeable drug, but it cures, and that is the necessary feature. In some cases it is heroic, but its curative action surpasses its few inconveniences. For example, in aortic affections and especially in atheroma, it will lengthen a patient's life by years, where the sodium salt will be insufficient. In these cases he continues it until the kidneys refuse to tolerate it, when he replaces it with the iodide of strontium. Besides, there are several kinds of syphilitic headache; that of the secondary eruption is easily cured by a few grains of the iodide of potash. He has found the classic measures of combating the inconveniences of the iodide—belladonna, opium, etc., of no service. A diuretic vehicle, as an infusion of corn silk acts best, he has found. Dr. G. Bardet thinks that the association of potash with iodine is essential in syphilis. Dr. Courtade, in twenty patients, has found the iodide of lime better tolerated than the potash compound, but it is less efficacious. Some patients are very intolerant though the majority only show a little or some lachrymation. Dr. R. Blondel stated that if taken in a good deal of water with an equal quantity of the bicarbonate of soda, it is well borne by the most intolerant. Prof. C. Paul also prescribes it in a syrup of coffee, three gms. of the iodide to five hundred gms. of syrup. Even in aortic affections this preparation is well tolerated.

ICHTHYOL IN PROSTATITIS.

Dr. Scharff (*Journal de Médecine de Paris*, No. 19, 1894) in those cases of posterior urethritis where the prostate is involved, swells, becomes painful, and may increase in size so as to obstruct the large intestine, has found from an experience extending over forty cases, that a ten per cent. solution of ichthyol, in water, of which the patient injects three or four times a day a syringeful into the anus, will give good results. After two or three days of this treatment the patients, who, before could scarcely drag themselves to the consulting room, then walked with ease and passed their stools without difficulty. Rectal examination would reveal the prostate, which before was swollen and painful, to have been reduced to its normal dimensions and painless to contact. He ascribes these favorable results to the action of ichthyol as a sedative contractor of blood vessels, and an absorbent of exudates. Its favorable influence in gynecological diseases is well known.

*In charge of the Translator, F. H. Pritchard, A. M. M.D.

COLD COMPRESSES IN DISEASES OF THE CHEST.

Dr. Legendre (*Revista de Ciencias Medicas de Barcelona*, No. 8, 1894) in pulmonary affections when there is active hyperemia, prefers wrapping the chest in cold compresses to the ordinary revulsive measures; especially in children, where this procedure may be continued as long as desirable and repeated as often as necessary. Rendu has employed them since 1884 in severe broncho-pneumonia with favorable results. Richardière has used them in sixty cases of broncho-pneumonia in the Hôpital Trousseau, and with satisfactory results. Legendre regards it as the most simple, rapid, and at the same time the most efficacious measure. He has kept children wrapped in these cold compresses for eight days. They act upon the kidneys, keep them well open, and favor diuresis and diaphoresis.

TREATMENT OF EPILEPSY.

In the *Journal de Médecine de Paris*, No. 19, 1894, the following treatment of epilepsy is recommended:

Preventative treatment: Avoid mental overwork or fatigue, sudden changes of temperature, as too warm or too cold temperature are both unfavorable. Alcoholic beverages, coffee, tea, and too hearty meals are contraindicated. Regulate the bowels, for constipation may bring on an attack.

Treatment during the attack: Place the epileptic upon a bed with his head upon a low pillow, his neck freed from compression or constriction, and protected from injury during violent contractions. If the attacks repeat themselves frequently during the day, one may administer a rectal injection of chloral either alone or associated with the bromide:

℞ Chloral.....
Bromide Potash. ..... aa 2 | 0 (grs. xxx).
Yolk Egg.....No. 1
Water.....200 | 0 (℥vjss).
Administer during an interval.

In traumatic epilepsy surgical measures are the only radical treatment. Traumatic epilepsy may be confounded with cerebral syphilis, and hence the mixed treatment may be tried: the iodide of potash and mercurial inunctions. Intra-muscular injections of the iodide will also render signal service.

Lemoine administers as a reconstituent and nervous sedative the bromides and the phosphates. During the first few months he employs mercurial frictions and the iodide of potash; the next two months the following:

℞ Bromide Potash..... 25 | 0 (℥vj).
Phosphate Soda..... ..... 20 | 0 (℥v).
Syrup Bitter Orange Peel..... 25 | 0 (℥vj).
Wine.....250 | 0 (℥viij).
A wineglassful after each meal.

In menstrual epilepsy one may administer, every three days, the following powder:

℞ Antipyrine..... | 70 (grs. xj).
Bicarb. Soda..... | 25 (grs. iv).

If at the same time there is a marked weakness of the pulse, one may prescribe:

℞ Powdered Digitalis Leaves..... | 05 (gr. j).
Bicarb. Soda... ..... | 25 (grs. iv).
Sufficient for one powder.

Administration of the Bromides.—Lemoine claims that the association of hyoscyamine with the bromides forms one of the most efficacious remedies in convulsive states. His formula is as follows:

℞ Bromide Potash..... 30 | 0 (℥vijss).
Bromide Sodium.....
Bromide Ammonium..... aa 15 | 0 (℥iv).
Crystall. Hysocyamine..... 0 | 015 (gr. 1-5).
Water..... 1 litre (o. ij).

If one should wish a larger dosage, the following then is serviceable:

℞ Bromide Potash..... 15 | 0 (℥iv).
Bromide Sodium.....
Bromide Ammonium..... aa 8 | 0 (℥ij).
Crystall. Hyoscyamine ..... 0 | 015 (gr. 1-5).
Water.....200 | 0 (℥vjss).
A tablespoonful every evening.

If symptoms of bromism set in, the bromide of gold, which is better tolerated, may be substituted, in the following formula:

℞ Bromide Gold..... 0 | 20 (grs. iij).
Water.....550 | 0 (℥xvij).

Every tablespoonful of this solution contains two mgms. ($\frac{1}{32}$ gr.) of the bromide of gold; two teaspoonfuls a day. Lemoine advises taking the bromides either in milk or beer to mask the taste. The borate of soda has been used in epilepsy especially in the diathesic variety.

[Ch. Féré has recently published a paper on the untoward effects of borax when employed as an antiepileptic remedy.—*Trans.*]

For Neuralgia.

℞ Ferri tartarati..... gr. ij.
Quininæ sulphatis..... gr. ij.
Acidi tartarici,
Extract nucis vomicæ.....āā gr. ss.
Misce et fiat pilula. Sig. Take one three times a day.
—*Gross Med. Coll. Bulletin.*

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SATURDAY, JUNE 16, 1894.

EDITORIAL.

PUBLIC HEALTH MEASURES—ARE THEY PERFECTED?

Says the *Independent*:—So much is printed in the daily and weekly journals of the land on the Prevention of Disease, and so zealously is the cause advocated by the most advanced physicians, that people are beginning to ask what there will be left for the doctors to do after they have succeeded in teaching us how to avoid all the kinds of decimating bacteria, and after they have taught us how to live truly hygienic lives in perfectly sanitary homes. Certainly these various measures supply us with the best possible armor against the assaults of disease; but there is no fear that as the lay mind becomes more perfectly imbued with intelligence, the physician's occupation will wither and fade. The more a man knows of the structure of the body, the more clearly will he realize that he takes a great risk when he invites an ignoramus to pronounce his crude judgments on, and thrust in his harsh remedies among, the delicate chords of this harp of a thousand strings; so that now on every hand there is a growing demand for a higher education and a more thorough training for our medical men.

This is all very well. The medical profession does not yet see the need of looking around for other employment. Indeed the question has not entered into calculation, for while there is abundant evidence of the great advances in the well-being of mankind, made directly by the efforts of scientific medical men, none are better aware of the fact that sanitary medicine has made but a beginning than are the physicians themselves. The greatest improvement in public health is shown in those nations where the matter of public sanitation and hygiene is committed to the care of the central government. The people of the United States are strangely lagging behind the governments of Europe in recognizing the necessity for systematic supervision of the public hygiene and for the enforcement of health measures by the authority of national law. It is true, that in the national quarantine duties of the Marine Hospital Service, established to meet a threatened

emergency, the United States has a corps of effective, energetic scientists not to be surpassed anywhere; but, the the duty of the Marine Hospital Service is to afford protection from danger from without. Apart from this the care of the public health depends upon the governments of the various states. In consequence we have some painful contrasts. Some of the states have established Boards of Health, with ample provisions for efective organization for the work, and endued them with sufficient powers to enforce such measures as they may find necessary for public welfare. Other states have established similar Boards of Health, but have neglected to render them effective. Still other states have not as yet evolved sufficiently to appreciate the advantages of public hygiene, while at least one state has made the woeful blunder of abolishing its State Board instead of strengthening its hands.

Contrast the recent situation in two of our Southern States. A year ago small-pox made its appearance in that portion of Virginia projecting between Tennessee and Kentucky. Virginia has no health boards in that region, no means of restraint or quarantine; but the intelligent and wide-awake health officers of Tennessee were instantly on the alert. In Chattanooga, November 7th, 1893, a case was reported. At once the State Board of Health sent out a warning "leaflet" to every county and town health officer in the State, giving minute directions for preventing and controlling the disease, and, as the secretary truly says, "this course disarms terror, prepares the public to await results with coolness, and enables health officials to have inspectors, nurses, hospitals and all other appliances now required by sanitary progress, in readiness." Whenever a fresh outbreak occurred the warnings were repeated, and the press throughout the State united in calling for vigilance. The secretary, who enthusiastically worked through a great many years of public apathy, now cheerfully adds:

"At no period since the establishment of the State Board of Health has so systematic and thorough co-operation prevailed with local workers. These are rapidly learning the great advantage to them of information, and authority emanating directly from the central health department."

There were but a few scattered cases in the State, in spite of its nearly half a million of colored people, who have been regarded as peculiarly liable to the infection, as they are crowded together in the cities and towns.

Georgia did not believe in such foolish notions and abolished her State Board. How colossal and fatal was this blunder was demonstrated last fall in the paralyzing scourge of Yellow fever in her principal seaport town. It was a matter for congratulation not only for that city and state but to the entire country that there was organized federal help for her through the United States Marine Hospital Service.

Small-pox this past winter has been more or less prevalent throughout portions of the United States, but it has failed to reach the proportions of an epidemic, because of the watchful care and effective provisions of the various health authorities brought in contact with it. In 1872, an epidemic of small-pox swept around the world. It found nations which had been free from its ravages so long that they had ceased to fear it, and had become careless of providing against it. Vaccination had gone out of fashion. The epidemic of small-pox promptly re-established it in public favor, and many countries enacted laws with severe penalties for compulsory vaccination. The same conditions hold true to-day, though greatly modified by increased intelligence and knowledge. But we yet hear the old

objections and superstitions against the protection of the public by vaccination, compulsory if necessary. The almost total absence of small-pox from the German Empire, and its entire suppression in the army where vaccination and re-vaccination at stated periods is compulsory, show that intelligence and organization have achieved, and Holland handsomely swells the catalog. Between the years of 1870 and 1873 there were 20,575 deaths; but a stringent law for compulsory vaccination being enforced, there was but one death throughout the kingdom in 1890.

It is well to bear in mind that a single vaccination, however effective temporarily, probably does not confer life long immunity, and the more recent authorities are inclined to recommend multiple inoculations.

ABSTRACTS.

INTESTINAL OBSTRUCTION DUE TO OCCLUSION OF THE ILEUM BY PRESSURE BAND.

Robert Jones reports (*Br. Med. Jour.*): On Tuesday, December 19th, 1893, I was asked by Dr. Hugh Shaw to examine a case of intestinal obstruction. The patient was H. A. S., a milliner's apprentice, aged 14. On December 7th, whilst at her work, she was suddenly seized with violent pains shooting across the abdomen in the line of the umbilicus. She vomited several times on her way home, and, on her arrival, went to bed. A little later her bowels were freely moved. This attack was not regarded seriously by her family, and as the acute symptoms seemed to abate domestic antidotes were relied on. For two or three days she remained in considerable pain, with occasional sickness, when her mother administered a copious soap and water enema. This gave temporary relief by emptying the large bowel of gas, but the pain and vomiting returned with severity, and on December 13th, Dr. Shaw was sent for. He found the patient in great pain, with moderate distension, good pulse, moist tongue, and normal temperature, and thinking it best to act conservatively, he gave appropriate directions with a view to lessening intra-abdominal pressure and to relieving pain. All the symptoms, however, increased, the pain becoming intense, and the vomiting more and more frequent, while the temperature remained at about 102°F. On December 15th, the vomiting became fæculent, and from that time until December 19th, when I first saw the patient, nothing was retained. She then presented symptoms of impending collapse—a small quick pulse, dry tongue, a haggard look, listless demeanor, and rapid shallow respirations. The abdomen was distended and tympanitic, especially round the middle line. Fæculent material was being vomited every few minutes, thirst was intense, and there was pain on pressure over the right side of the abdomen. The patient, despite all this, was mentually alert, and took an intelligent interest in her affairs.

I was told she had been a well-developed girl, and well nourished, and had never needed a doctor in her life. For the last four years, however, she had been subject to what were called bilious attacks, the prominent symptom of which was vomiting, which lasted for one or two days, and was often accompanied by pain and sometimes by diarrhœa. For twelve months she had had considerable pain in the epigastrium, which came on directly after food and often resulted in sickness. About two years back she suffered great pain in the right side on exertion, more particulary if she attempted to walk quickly or to run.

We decided, in view of the previous history and the patient's condition, that laparaotomy should be performed without delay. That evening a median incision 3 or 4 inches long was made below the umbilicus, and the cavity of the abdomen exposed. Distended gut, pinkish in color and dotted with flaky lymph, pre-

sented. On introducing my finger, the coils of intestine were sufficiently adherent to each other to require care in separating them. I was able quite easily to recognize the cæcum, and found it collapsed. There were also in the pelvis a few coils of empty small intestine. By very gently following this without exposing bowel, I felt a distended loop of intestine, which was carefully brought towards the wound. Immediately below I found a band about half an inch broad, which obviously compressed the intestine. I did not feel justified in accurately defining its limits, but it stretched transversely across the gut from the direction of the right kidney. The bowel was not kinked, but was sufficiently pressed upon to be quite occluded. Ligatures were applied and the strand severed. The wound was adjusted, and the patient placed in bed. Here a somewhat dramatic incident occured. It was found that owing to a blunder a sponge was short. After a brief and fruitless hunt, in basins, pails, and *debris*, I decided to reopen the abdomen. Luckily this was done, and the sponge recovered from within.

It is needless to report the subsequent events at length. The operation, which only lasted twenty minutes, had but a very slightly depressing action on the patient. The vomiting once and for all completely ceased. The temperature was normal next morning, and only once again, on the third day and for a few hours, rose to 101°. On the second day (December 21st) there was a suspicion of the passage of flatus; on December 22nd, a certainty of it; on December 24th, the tongue became moist, and the bowels were opened at 3 P. M. and 4 P. M. The first motion, about 4 ounces, was similar to the vomit, the second consisted of mucus. Shortly following the evacuation there were sharp abdominal pains, and the tongue became a little dry. From this time on the bowels were frequently opened, and the patient rapidly got well.

There are a few points of interest to which I would wish to allude. 1. The operation was performed on the twelfth day of obstruction and during considerable abdominal distension. I have often expressed an opinion that it is useless and dangerous to hunt for obstruction while peritonitis and distended gut are present, and that the indications are best met by a carefully performed enterostomy; opening of course a distended coil. The empty condition of the cæcum, however, together with the collapsed small intestine, pointed to obstruction high up—a condition ill-suited for enterostomy. Again, although the obstruction was high up, fæcal vomiting did not appear for eight days, and this suggested that probably the obstruction, very incomplete at first, became more complete by distension from above, and that had care been exercised early the symptoms might have continued, as they had begun, to abate.

This opinion is fortified by the fact that the pain she complained of during exercise and hurry was over the neighborhood of the band, and that probably her frequent so-called bilious attacks emanated from the same source. Amongst the causes which deprive an early obstruction of a fair chance, next to cathartics, should be placed enemata, which, as Niemeyer pointed out years ago, induce peristalsis above as well as below the seat of obstruction.

There was another symptom in this case which interested me, and that was the sharp abdominal pain which followed shortly after the anal evacuation. I have frequently observed this before. In one case, which was being treated expectantly, the patient died on the twentieth day, four hours after the relief of obstruction, having endured sharp abdominal twinges. In another case after the relief of a very simple hernia, an evacuation of bowel took place, followed by collapse and death.

Colorless Iodine Ointment.

℞
Iodi ..... gr. xx.
Potassii iodidi ..... gr. iv.
Sodii sulphitis ..... gr. xl.
Aquæ ..... q. s.

Rub the chemicals with the water until the solution becomes colorless. Then add:—

Adipis benzoati ..... ʒj.

M.

—*Atlanta Clinic.*

Whooping-Cough.

The following formula comes from the Rotunda Hospital of Dublin:—

℞
Zinci sulphatis ..... gr. iv.
Tincturæ belladonnæ ..... mxlviij.
Aquæ anisi ..... ad ʒij.

Misce.

Sig. Twenty drops every third hour for a child one year old, thirty for a child three years old, sixty for a child five years old, and so on.

—*The Southern Clinic.*

SOCIETY REPORTS.

THE LOUISVILLE MEDICO-CHIRURGICAL SOCIETY.

March 9, 1894.

STENOGRAPHICALLY REPORTED BY C. C. MAPES.

Discussion of Dr. T. L. McDermott's essay continued from THE REPORTER of June 16, 1894, on

APPENDICITIS FROM A MEDICAL STANDPOINT.

(See page 813)

DR. A. M. CARTLEDGE: The more I study the subject of appendicitis the more I find to be hnown in connection with it. When I I thought, five years ago, that I knew a great dral about appendicitis, I find that I knew very little about it, and I want to say once for all that my views on the disease, both as to pathology and treatment, time of operation and diagnosis hnve been the subject of constant change. Even a year ago had I been interrogated as to the nature of the trouble where a patient had recurrant attacks of pain and a lump in the right iliac region, with temperature of 101°, I would have said "catarrhal appedicitis" and advised agaiust operative procedure, believing that the case would probably get well. If evidences of pus were present I would have waited until I thought there were anterior peritoneal adhesions to serve as protection to the general peritoneal cavity, then go ahead and open the abscess and drain it, removing the the appendix. If asked the question what I would do in the perforative type, where rupture had occurred primarily, with the possibillities of pus in the abdomen, I would have answered just as I would at the present time, that operation is imperatively demanded at once. I now believe that all cases of appendicitis can be so diagnosed without question, should be operated upon. As you all know I differ with the majority of surgeons in regard to the pathologic classification of this affection. For instance look at the discussion of the subject to-night, what variable course it leads, Here is a gentleman who says, from what knowledge we have of the clinical manifestations and clinical history of these cases that there is no material difference between appendicitis and the older terms of typhlitis, perityphlitis, etc., and further makes the statement that there is no case of appendicitis that ought to be operated upon; that he would not advise operation in any case. If this does not call for some more definite classification of this disease, I cannot conceive of anything that would do so more than this discussion to-night. To revert to the specimens shown at the last meeting of this Society, I selected three specimens, illustrating three types of the disease. My object in presenting these specimens was to try and throw some light on the pathology and classification of the disease. In the specimen Dr. Anderson has mentioned, which was a case operated upon the day of .the meeting, there was a distinct stenosis about one-half inch from the base, the result of cicatrization of former inflammation; there was a history of several attacks of undoubted .appendicitis; the appendix was found coiled up behind the cæcum and adherent, enormously distended with liquid fecal matter and pus. The appendix was slit open in order to show the stricture. It was a typical case of so-called catarrhal appendicitis, a condition which I claim cannot be recognized and does not exist. I claim that all lesions in this situation, sufficiently well-marked to be denominated appendicitis, are primarily ulcerative or perforative in type. Those cases heretofore called catarrhal appendicitis I am confident were ulcerative in character, which led to stenosis at some portion of the lumen of the appendix. It was to illustrate this point particularly that I exhibited the specimen.

It seems that the point which has attracted the most attention in regard to the specimen presented, was the pathological condition, and this is the very point that I regarded as being the most apparent. There was plainly stricture, the continued contraction of which will eventually lead to either one of two pathological terminations—complete stenosis with distal distension and rupture, or retention with infection and general septic inflammation of the appendix leading to necrosis and perforation. The case was operated upon before rupture had taken place, and the result shows the wisdom of such a procedure.

As to exploratory incisions being harmless —it is probable that they are not harmless, but by this means of confirming diagnoses we have been enabled to clear up a very wide field of surgery. Twenty-five years ago the greatest problem before the surgical world was the diagnosis of ovarian cysts, but matters are now so thoroughly understood that even the country practitioner is able to make the diagnosis without question. Since this

is true of exploratory incision in ovarian tumors, I see no reason why the same rule should not be applied in appendicitis to the end that we may better understand the pathology. In our present understanding we know that occasionally other conditions present pathological features which can hardly be differentiated. I remember having operated upon what I thought to be a typical case of appendicitis, which proved to be tubal pregnancy. The sac and contents were removed and the lady made an easy recovery.

The question of hernia following appendisectomy has been mentioned. Of course, we must admit that hernia is more common following any operation where the incision is made out of the median line, but I believe with the proper after-treatment this liability to hernia can be reduced to a minimum.

Dr. McDermott suggests that physicians ought to become more careful about advising operations for appendicitis. I heartily endorse this portion of his remarks, but the deduction he makes is entirely from the standpoint of observation. While a man's past experience is very valuable as a guide still it should not be entirely convincing. The probabilities are that men to-day are operating for appendicitis who a year or two ago would have advised against it. I cannot understand how a man can stand up and say that operation for this disease is not advisable and should not be performed in any case, when he has seen the abdomen opened, where the appendix has been found perforated and gangrenous, and the cavity filled with pus.

There is nothing that will regulate the operation for appendicitis, time for operative interference, etc., etc., save a better knowledge of the pathology of the affection. Treeves and some others quoted to-night, do not refuse to operate upon patients suffering with suppurative appendicitis, demonstrating very clearly that they recognize the necessity of surgical measures. The mistake, I think, that nearly all authorities make, is that they continue to classify the affection as "perforative," "ulcerative," and "catarrhal." As I have stated before, I fail to see how catarrhal conditions of the mucous membrane can produce symptoms which can be recognized in connection with the appendix, or by which the condition can be diagnosed. I claim that it is utterly impossible. Then the question might be asked to what can we attribute such symptoms? I say that the specimen I exhibited at the last meeting of this Society fully demonstrates to be an ulcerative, inflammatory condition, resulting in stenosis and distal distension and finally perforation and septic infection extending to the peritoneum and structures surrounding the appendix. From the anatomy of the appendix it will be apparent that a part of the caecal contents may be forced into it, and may again be discharged into the caecum. We know that fecal matter does not normally occupy the appendix, its contents being only a mucous secretion, and I take it when fecal matter is found it is *prima facie* evidence that the appendix or the door to its entrance is diseased. This is interesting in connection with the so-called cures of appendicitis by the administration of opium, etc. A man has an attack of what is diagnosed by the attending physician appendicitis. He is treated by the usual medical methods and recovers. Some time afterward he has another physician, and under similar treatment again recovers. Say he has six or seven such attacks, and is seen by as many different physicians, each of whom record it as a cure without operation. Finally he has a more severe attack, perforation evidently takes place; the patieut is referred to a surgeon, is operated upon, and dies. Of course the death is only recorded once and the case is recorded seven times as cured by medical treatment. Therefore statistics as quoted by our essayist, under these conditions would seem to be of little practical value. I am not inclined to believe that undoubted appendicitis is ever cured except by operative treatment. The appendix may become distended and, if the stricture is not complete, the contents may be discharged back into the cæcum, but it does not necessarily follow that the patient is cured, for the probability of future trouble is very great.

Another point: Microscopical examinations have proven that a great many of these cases are tuberculous in character, and I claim that we have no right to leave tuberculous structures anywhere in the body, because the patient is thus subjected to great danger of general tuberculous infection. The same thing is true of pus, no matter in what organ or structure it may be discovered.

When statistics are quoted to us that 95 per cent. of the cases of appendicitis recover spontaneously, they are certainly the first, second or third attacks, as I have before indicated. In other words it is the point of observation from which you look at them. While Dr. Anderson and the other speakers may have treated cases of undoubted appendicitis which recovered, and some of which may still apparently remain well, it is no sign that they may not yet develop a perforative attack and die. I believe that when the appendix is once diseased, where there is ulceration it will be followed by stenosis and the patient will be liable to subsequent attacks, any one of which may result fatally. Mortuary statistics show that such deaths result from peritonitis, while I believe the facts in the case would show that the patients died of appendicitis. There is no doubt in my mind

that ninety-five out of every hundred cases of peritonitis in the male are the result of appendicitis.

One word in regard to the diagnosis: Rigidity in the right iliac region; localized pain, acute in character; elevation of temperature over 100° F. and vomiting, are indicative of appendicitis ninety-eight times out of a hundred, and demand operative interference. In the other two per cent. the mistake is pardonable for the good done the ninety-eight.

DR. W. L. RODMAN: He who says that operation should *never* be performed for appendicitis is certainly wrong; on the other hand, those who say that the *great majority* of these cases should be operated upon, are as far from the truth. I am satisfied that the tendency in this country is to operate too much for this affection. I cannot understand how any man can say that there will *not be found* cases of gangrenous appendices that ought to be operated upon; cases that cannot be relieved in any other way. I believe the *middle* course is the safer. Further, I believe in the English practice of operating between attacks, as we find our patients in the best condition to withstand a laparotomy.

PROCEEDINGS OF ASSOCIATION OF AMERICAN ANATOMISTS.

The sixth annual meeting of the Association of American Anatomists was held in conjunction with the Congress of American Physicians and Surgeons, in Whashington, D. C., May 29th to June 1st, 1894.

The Secretary reported that Dr. Chas. B. Ewing, Assistant Surgeon U. S. A., and Dr. F. C. Schaefer, Professor of Anatomy in Chicago Medical College had resigned, and that three members had died, namely: Dr. Wm. Lee, Professor of Physiology, Columbian University, Washington; Dr. Wm. B. Towles, Professor of Anatomy and Materia Medica, University of Virgina, and of Anatomy, University of Vermont; and Dr. Corydon C. Ford, Professor of Anatomy and Physiology, University of Michigan.

The following new members were elected: Dr. John A. Boger, Assistant Demonstrator of Anatomy, University of Pennsylvania; Dr. H. B. Ferris, Assistant Professor of Anatomy, Yale University; Dr. Robert L. Greene, Professor of Anatomy, University Medical College and Western Dental College, Kansas City, Mo.; Dr. Wm. Keiller, Professor of Anatomy, University of Texas; Dr. Joseph Leidy, Assistant of Demonstrator of Anatomy, University of Penna,; Dr. Mary B. Moody, New Haven, Conn.; Mr. Robert O. Moody, Yale Medical School; Dr. Chas. D. Smith, Professor of Physiology, Bowdoin College; Dr. Wm. O. Stillman, Albany, N. Y.; Dr. W. C. Woodward, University of Georgetown, Washington, D. C. Sir Wm. Turner, of London, was elected an honorary member.

The officers elected for the ensuing term were: Dr. Thos. Dwight, of Harvard University, for President; Dr. B. G. Wilder, of Cornell University, first Vice-President; Dr. F. J. Shepherd, of McGill University, Montreal, second Vice-President; Dr. D. S. Lamb, Army Medical Museum, Washington, Secretary and Treasurer; Prof. C. L. Herrick, Denison College, Granville, Ohio, delegate to the Congress of American Physicians and Surgeons; Dr. D. K. Shute, Columbian University of Washington, D. C., alternate; Dr. Theo. M. Gill, Smithsonian Institution, Washington, D.C., was elected to the vacancy in the Executive Committee.

The following papers were read: "On the Identity of Structre of Protoplasm with that of Striped Muscle," by Dr. Carl Heitzmann, of New York City. "Some Problems Relating to Cerebral Fissures," Dr. Wilder, of Cornell University. "A Plea for a Methodcally Written Text-book on Anatomy," by Dr. Edmond Souchon, Tulane University, New Orleans. "Study of the Human Cranium," also "The Shortening of the Face-axis in the Evolution of the Mammalia," by Dr. Harrison Allen, University of Pennsylvania. "Methods of Estimating the height from parts of the Skeleton," by Dr. Dwight, Harvard University. "The Perineum and Perineal Body." Dr. Shute, of Columbian University, Washington, D. C. "The Study of the Muscular Tunic of the large and small Intestine of Man in the Region of Caecum," also, "A Note on the Occurrence of the Scapulo-Clavicular Muscle," by Mr. Moody. "Theoretical Anatomy of the Sympathetic System," Dr. Wm. Carr, Columbian University, Washington. "The Female External Genital Organs: a Criticism on Current Anatomical Description," Dr. Lamb, Army Medical Museum, Washington, D. C.

The following papers were read by titles in the absence of the authors: "In Our Two Years' Study of Anatomy: What partof the Subject should be covered in the First Year's Work, What part in the Second?" by Dr. A. D. Bevan, Rush Medical College. Two papers by Prof. P. A. Fish, Cornell University, namely: "The Form and Relations of the Nerve-Cells and Fibres in Desmognathus Fusca;" and "The Terminology of the Nerve-cell."

An abstract of these papers and the discussions will be published with the proceedings of the Association.

CURRENT LITERATURE REVIEWED.

IN CHARGE OF ELLISTON J. MORRIS, M. D., AND SAMUEL M. WILSON, M. D.

THE NEW ORLEANS MEDICAL AND SURGICAL JOURNAL

contains an article by A. S. Wheeler, D. V. S., on

Tuberculosis.

In this the author states that tuberculosis may result in human beings from the use of either the milk or meat of infected animals, and that there are no "known creatures, inhabiting air, land, or water, which may not be the hosts" of this disease. He gives quite a list of birds and quadrupeds, which various observers have found infected, and states that with tubercle, as with anthrax bacilli, the earthworms may play a prominent part in bringing the dangerous organisms to the surface of a pasture, and he goes on to show that other cattle diseases are caused to spread through herds through the ministrations of parasites (the grub, the cattle tick, etc.)

Dropping speculation, statistics are quoted to show that very few calves are tuberculous at birth, but the percentage increases with their age, up to seven years or more, and still more significant is the fact that cows are more frequently affected than bulls and oxen, by an enormous ratio.

One great reason for this preponderance among cows is the habit of choosing a cow with a narrow chest and wide pelvis for breeding for milk; but another is the crowding of numbers of cows in a poorly-ventilated stable throughout the greater part of the year, to obtain milk for city consumption.

The author passes on to meat inspection, and speaks of the old church laws, and particularly the Jewish laws, which compelled the rejection of meat of unhealthy animals, and mentions the discovery he made in a slaughter-house, of a tuberculous liver, weighing fifty-one pounds, which had come from a dairy cow.

The article of Prof. Law is now partially quoted, showing the extreme probability of a constitutional disturbance from the absorption of toxins due to the presence of tubercle in an animal; but not necessarily depending on tubercle in the human being secondarily affected.

Koch's tuberculin, although perfectly sterilized, gives a decided reaction in any one who is already infected with tubercule, and greatly increases the destruction going on. While it has not yet been proved by Prof. Law that these toxins can originate tuberculosis in any one, it is evident that cooking the milk or meat is not sufficient to prevent a person, already slightly affected, having the reparative processes stopped and the destructive ones stimulated by the ingestion of these toxins.

The author closes with a plea for the systematic use of tuberculin as a scientific and absolutely sure test for tuberculosis in cattle, and for the destruction of those beasts reacting to it.

In the same number Dr. B. A. Pope reports a

Case of Hysterical Alexia, Cured by Suggestion.

The patient was a girl 13 years old, beginning to menstruate, and who had formerly been very bright, cheerful, etc. The child seemed dull, rather indifferent to her surroundings, and was very anæmic. She complained of almost constant headache and of inability to read or to sew.

There was inequality of pupils, and mild photophobia, and testing without glasses gave V-$\frac{20}{200}$ for each eye; but with the trial frame $\frac{20}{20}$ in each eye, and in both. On removal of the frame the former condition appeared.

Under atropine the vision was for each eye, H=0·50 D. Glasses were prescribed +0·25 D for each eye, and worn constantly, and as a result she reads well, does fancy work, and has improved in general condition.

The author thinks that this child had, through association with children who wore glasses, became convinced that glasses were necessary to good vision. He does not think this case resembles hysterical amblyopia; but is rather like some recent German cases which have usually occurred in boys and, being under the age of puberty, had no sexual cause.

Dr. Otto Lerch has an article on

Geology and Medical Science.

He regards a knowledge of geology a very important aid to a physician, particularly in ordering a change of climate; but, also in recognizing with more certainty symptoms complained of as due, in part at least to the climate, soil, and water of the place in which his patient lives, and to be remedied by removing him.

In regard to choosing another climate for an invalid—the mistake would not be made, by one thoroughly versed in the physical geography of the country, of sending a consumptive to the western prairies. These lands are elevated and dry; but, owing to their sudden blizzards, are subject to a change of temperature of possibly sixty degrees, the author states, in an hour.

Then also, a mineral spring may contain a very desirable water; but, if situated in an unsuitable region it would be folly to send a patient to it.

Dr. Henry Burchard read before the Philadelphia County Medical Society a paper on

Gout and the Teeth.

Trifacial neuralgia is more frequently due to irritation of the teeth than to any other cause, the author says, and numerous other disorders are more or less aggravated, and continued, by faulty teeth. Specialists in rhinology and ophthalmology recognize these facts, but general practitioners generally seem to ignore them.

The difference between diseases affecting the tooth pulp. and those limited to the pericementum was explained, and the different lines of treatment called for.

A disease known as pyorrhœa aveolaris, or phagadænic pericementitis, has attracted attention for years, and is the cause of the loss of as many or of more teeth than dental caries. It is a progressive destruction of the peuiosteum of the teeth, and this, and erosion of the teeth, the author thinks due to a gouty diathesis.

Dental erosion is a progressive loss of tooth substance by decalcification, a chemical solution of the lime salts, and not associated with caries. It is largely confined to those surfaces in contact with the labial and buccal mucous membranes.

"Phagedenic pericementitis is a degeneration of the retentive apparatus of the teeth, which arises without mechanical violence, specific virus, or the selective action of drugs, and proceeds to its termination with, or without, the formation of calcic deposits and true pus (although the pus and deposits are usual associates), the process terminating with the loss of the teeth." Men and women are both subject to this disorder, and although cases occur before thirty years of age, they are rare.

Two types of this affection, depending on the part of the membrane attacked, are known. The more common of these begins as a marginal disease, a deepening of color and a softening of gum at the tooth margin. This increases, and by the time it attracts attention a separation is beginning between tooth and gum. Pockets form, and in them are pus and concretions; these increase, and finally result in the casting of the teeth, as foreign bodies, and the processis usually ended. In contradistinction to salivary calculi, the concretions form beneath the gum, instead of on it.

In spite of local therapeusis, this disease recurs or persists, and for this reason a constitutional cause has been assigned to it.

In dental erosion we find, in situations where the lactic acid due to fermentative micro-organisms is in least amount, a progressive loss of enamel, and then of dentine. One or more grooves may be seen on the labial surface, the enamel destroyed in greater amount than the dentine—the reverse of caries.

In most of these cases a history of gout can be obtained, or, if not, the disease appears later.

The author goes on to describe gout in its better known phases, and to give its causation, pathology, etc., and then states that the most satisfactory treatment known at present seems to be by lithium, and particularly by lithium Rochelle salt, in which part of the sodium is replaced by lithium, and quotes Bartholow as saying that manganese is useful, both by relieving the disorder and by assisting in oxidation.

In the discussion which followed, it was stated that uric acid, urates of soda, etc., have usually been found in these concretions, when they have been analyzed.

Dr. S. Solis-Cohen showed a case of

Acromegaly,

which he had treated with thyroid powder, so far with benefit.

The patient, a man of about fifty-two years, had applied for treatment for excruciating headache, which prevented his lying down, and which was increased by pressure on the scalp.

Examination demonstrating symptoms of acromegaly, the patient was put on treatment of desiccated thyroid gland, and improved from it.

One of the symptoms was polyuria, and as thyroid powder usually increases the urine, it was thought strange that it lessened it in this case. The author thought this due to a lessening of the production of the toxins causing the symptom. Five grains of a powder prepared from desiccated sheeps' thyroid glands was given every morning.

Other papers in this issue are: "A Description of a Case oi Circumscribed Scleroderma or Morphœa," by Dr. George Kreegen, and a Clinical Lecture on "Hydrosalpinx and Pyosalpinx," by Dr. Angustin H. Goelet.

Dyspepsia.

When accompanied by hyperacidity of the stomach, with pain or vertigo, Robin prescribes:—

℞

Bitartrate of potassium	ʒiij.
Sublimed sulphur	ʒiij.
Prepared chalk	ʒss.
Dover's powder	gr. xv.

M. and divide into 10 powders. One powder to be taken before each meal.

If the pains are severe:—

℞

Hydrochl. of morphine, Hydrochl. of cocaine āā	gr. ½.
Lime-water	ʒiij.

M. Sig. Teaspoonful at a dose.

—*Le Prog. Med.*

Diabetes Mellitus.

In order to relieve the dryness of mouth, which is often so troublesome, the nitrate of pilocarpine,—$\frac{1}{65}$ grain,—made up with a sufficient quantity of glycerin and gum to form a small pill, may often be used with advantage. From five to seven pills are taken during the day, being allowed to dissolve slowly in the mouth. It may be applied in solution, if preferred:—

℞

Nitrate of pilocarpine	gr. ¾.
Alcohol of 40 degrees	♏xxc.
Distilled water	ʒij.

M.

The tongue is moistened with five or six drops of this mixture, either pure or diluted with ½ drachm of water. The application may be repeated four or five times during the day.

Vomiting.

The American Doctor says that oil of cloves in ½-to 1-drop doses, given in a suitable menstrum will control excessive vomiting.

PERISCOPE.

IN CHARGE OF WM. E. PARKE, A.M., M. D.

MEDICINE.

Tobacco Smoke: Its Action as a Microbicide.

What has the French Society of Hygiene to say against the abuse of tobacco? We see in the *Italia Terniale*, of February 21st, that after many experiments Prof. Tassinari is going to publish an interesting work, of which the following are the conclusions:

1. The smoke of the Cavour, Virginie and Toscan cigars and black and short cut tobacco possesses a very great bacteriological power, especially against the bacillus of Asiatic cholera.

2. This action as a microbicide seems to be, according to all probability, due to the empyreumatic products of the nicotine.

3. In cholera and typhus epidemics the use of tobacco may be useful rather than injurious.

4. Tobacco smoke deserves careful consideration in regard to the hygiene of the mouth, as a preventative of diseases.

In 1832, when the cholera epidemic spread through the Mediterranean and menaced Paris, we smoked our first cigar, without any enjoyment and with the inconvenience of a novice in smoking, because we were told that cigar smoke prevented cholera. To-day they say it destroys bacteria. That is all the difference.—DR. DE F., *Journal d' Hygiene.*

The Therapeutics of Oxygen.

Dr. A. W. Catlin, of Brooklyn, states that the therapeutic use of oxygen is of very recent date. The treatment of disease by natural means is proving more and more efficacious as experience increases. Oxygen is a distinct remedial agent—one that should not be left untried until the patient is *in extremis*. It is the surest and most satisfactory stimulant that we possess, and is applicable to many conditions. In profound shock, from whatever cause, it has been found to exercise a reviving effect. It is taken up quickly by the blood, but its chief value is in its effect upon the nerve centers, upon which it exercises a quiet and soothing effect. In hemorrhage from typhoid fever he has seen relief in many cases. It would produce sleep, favor assimilation and shorten the period of convalescence. No agent is so well tolerated or so useful in restoring the equipoise of the physical condition. In cases of child-birth, pneumonia, bronchitis, and other exhausting diseases, the use of oxygen is indicated, and it should not be given late, but early.—*New York Medical Journal.*

Physical Diagnosis of Biliary Calculi.

C. Gerhart calls attention to the early symptoms of biliary colic. The attack begins often four to five hours after a hearty meal, or when the food passes into the duodenum, causing, by a reflex action, an expulsion of bile from the gall bladder. This will produce a temporary sensible enlargement of the sac (supposing that obstruction of the duct exists, and the gall cyst retains its distensibility). This enlargement subsides as soon as the stone has passed; the localized inflammation having produced some peritonitis, a circumscribed area of crepitant rales can be heard with the aid of the stethoscope. This, together with pain, may exist some little time after the stone has found its way into the intestine. This latter condition is often greatly ameliorated by applications of ice water. An extension of the peritoneal inflammation to the pleura is but rarely observed. As a most frequent complication, we have an appendicitis due to a mechanical or chronic obstruction. If the attack is prolonged, the liver becomes enlarged, and its edges can be easily palpated, and often seen, if the patient is emaciated. Transient enlargement of the liver, one of the important symptoms, is also met with in cholelithiasis, or when the ductus communis is obstructed by ascaris lumbricoides, or other catarrhal inflammatory exudations. The head of the pancreas is also the seat of a new growth or swelling, thus producing mechanical pressure upon the duct; on the other hand, it is absent in cardalgia or purely nervous hepatic colics.

Cholelithiasis can be excluded if there be an absence of crepitation over the seat of the gall cyst—if there is no enlargement of the same, and if after several attacks there have been no calculi found in the fæces.—*Deut. Med. Wochen.*

Salicylate of Sodium in Cancer.

In a case where the bone had become involved, secondary to cancer of the breast, Aikmann obtained decided relief of pain by the administration of salicylate of sodium in doses of 10 grains three times a day. Large doses of opium had been given in vain.—*Glasgow Medical Journal.*

The Ice Bag.

There are probably few persons who are acquainted with the great value of the ice bag, especially in the treatment of acute inflammatory conditions. It is useful in the early stages of all acute inflammations, such as pneumonia, pleurisy, peritonitis, pelvic cellulitis, erysipelas, etc. It must be remembered that the ice bag should be used only in the first stages of the disease. At this period it checks the growth of the microbe upon which the inflammation depends; and, by lessening the blood-supply, prevents in a large measure the exudation and other mischievous processes which accompany acute inflammation. The ice bag may well replace, in the early stages of inflammation, the time-honored

poultice, which is at best an unclean remedy, possessing no other virtue than that of moisture and warmth.

It is important to remember that cold has a depressing effect; hence the application of the ice bag should be carefully watched. Except when the application is made to the abdomen or very fleshy parts of the body, one or two thicknesses of flannel should intervene between the bag and the skin, so as to prevent chilling to such a degree as to produce sloughing. It is also well to remove the bag every two or three hours, and apply a fomentation for fifteen or twenty minutes.

In most acute inflammations, the application of the ice bag must be limited to the first twenty-four or thirty-six hours; at the end of which time, and sometimes before, the ice bag should be replaced by cloths wrung out of cold water, and the application of heat should be very frequent, say every two or three hours. After two or three days, continuous warm applications should be used in place of the ice bag.—*Modern Medicine.*

Pleurisy.

℞ Guaiacol pure..... 3j.
Tinct. iodine..... 3vij.

Paint the whole of this liquid each evening on the affected side. The temperature quickly falls, an abundant perspiration takes place, and the effusion soon becomes absorbed.—*Prescription.*

Coffee versus Digestion.

Prof. Schutz-Schutzenstein, an eminent German scientist, has recently completed some interesting experiments in relation to the effect of tea and coffee on gastric digestion. He found that an artificial gastric juice was able, in eight hours, to digest ninety-four per cent. of coagulated egg albumen. When tea was added, other conditions remaining the same, only about sixty-six per cent., or two-thirds as much, of the albumen was digested; and when a decoction of coffee was mixed with the digesting albumen, only sixty-one per cent., or less than two-thirds, of the albumen was digested. The result was believed by the Professor to be due to the influence of the tannin upon the albumen. The effect was found to be less in proportion as the infusion of coffee or tea was weaker, and the conclusion was expressed by the experimenter that the deleterious influence of these common beverages is due not to the thein and caffein which they contain, but to the constituent tannin, the suggestion being made that an infusion made by pouring boiling water upon the tea or coffee and allowing it to stand for a few moments, instead of boiling for some time, is less deleterious in consequencee of the extraction of a smaller quantity of tannin.

This conclusion is doubtless correct, but it is equally true that an infusion thus made contains a smaller amount of thein and caffein. These substances are less easily soluble in water than tannin, and consequently the less injurious effect of the lighter infusions is not due to the fact that they contain less tannin, but that they contain less of all the poisonous properties contained in the tea leaf and the coffee berry.—*Modern Medicine.*

Pyoktanin in Diphtheria.

Horing (*Memorabilien*) refers to the treatment he adopted early last year in twenty-seven cases of diphtheria, the results of which were published in the *Aerztl. Memorabilien*, vi. and ix., 1892. Since then, Horing has continued to use pyoktanin, and claims excellent results. The practice was to apply a 3 per cent. solution two or three times daily to the pharynx and downwards to the epiglottis, the retention of the liquid in young children being secured by immediately placing their heads low, thus aiding the swallowing of the liquid. Otherwise the drug was not administered internally, nor was it directly introduced into the affected tonsil. Simultaneously the patients are syringed with lime water, or are allowed to use it as a gargle or inhalation, while salicylate of soda is given internally.

When the nose is affected, a tampon soaked with the solution is retained in the cavity, and in milder cases the application of pyoktanin to the pharynx, etc., is the only treatment followed. In support of his practice, Horing says he has found even a 1 in 1,000 solution to destroy the Klebs-Loeffler bacillus, as also the more active streptococcus, the latter in the course of half a minute. In practice, the local effects are antiseptic, healing and destructive to the false membrane, the general results being diminution of pain and pyrexia without the production of toxic symptoms. The present cases enumerated are 112, two of which succumbed for reasons explained; the remaining 110 cured cases included many serious cases which had been despaired of. The symptoms, spread of contagion, and sequelæ, are quoted in support of the diagnosis. The author, in view of his experience, supported by that of others, regards pyoktanin as a specific against diphtheria.

Treatment of Biliary Lithiasis.

In cases of acute hepatic colic, Grasset advises:

1. Place the patient in a full, warm bath, where he should remain from three-quarters to one and a half hours.

2. Give every hour, or even every half hour, a teaspoonful of:

℞ Sat. chloroform aq..... 150 grms.
Dill. water ..... 100 "
Syr. orange..... 50 "

Or, chloroform may be inhaled and morphia given subcutaneously.

If olive oil is tolerated, 200 cc. may be given in wineglassful doses every quarter hour.

The food should be cold soup or milk, or ice cream. Injections to produce liquid stools should also be used.—*Times and Register.*

Treatment of Chronic Gastric Ulcer.

Stepp (*Therap. Monatsh.*) describes a method which he has successfully followed during the last four years, the object of which has been to prevent fermentative changes in the organ with their damaging influence on the gastric walls, and, further, to exert a beneficial and tonic action on the damaged surface. This he has effected by the frequent use of a ¾ per cent. aqueous solution of chloroform, with the addition of subnitrate of bismuth, the latter, however, being of secondary importance. The water is given in quantities of one to two bottles daily. The author says chloroform has no anodyne or narcotic properties when administered internally, its effects being more those of an astringent, a tonic, and an antiseptic. A few cases are recorded showing how early the patients became convalescent under this treatment. When vomiting or hematemesis complicated the affection, the author found the chloroform acted effectually in quenching thirst, and arrested nausea and hæmorrhage. A burning sensation, probably at the seat of the ulcer, is always produced at first, but disappears completely in eight to ten days. No unpleasant consequences occurred, but indirectly a clean tongue and improved appetite seemed to be produced. At the end of the second week beef-tea could be administered, during the third eggs, and afterwards selected meats could generally be added to the preceding foods.

Notes on the Physiological Action of Ozone Preparations

Dr. W. G. Thompson draws the following conclusions respecting the effect of ozonizing agents when given by the stomach or injected directly into the intestines or the blood. The experiments were made on dogs.

1. When injected in the circulation in full strength, *i. e.*, fifteen volumes per cent., they have a very destructive action upon the blood, ultimately having the effect of reducing rather than of oxydizing agents for the tissues.
2. Acting through the stomach or intestines, they may similarly affect the blood, and in addition they destroy the gastric and intestinal mucous membrane.
3. Given in medical doses by the stomach, their only benefit, if any, consists purely in their local action in the alimentary canal, in possibly preventing abnormal fermentations.
4. If so used, care should be exercised, owing to the great variability in strength of different preparations.
5. Ozone is of no real value to the tissues, whether inhaled or drunk in fluid preparations, and it may be exceedingly harmful.

Simple Cure for Hiccoughs.

"I was just about to send a cure for hiccoughs to the New York man whose case has been puzzling the doctors, when I read that he had been cured by laughing heartily at a colored man's description of what seemed to the patient a most ridiculous cure," said a Pittsburg physician. "You hear of numerous cures for hiccoughs, such as holding your fingers in your ears and having some one give you a drink of water, holding one's breath for a period, etc.; but I doubt if any will stand the test as well as a practical cure, which for twenty years has never failed me once in all the hundreds of cases I have tried it. It may seem just as ridiculous as the cure proposed by the colored man in New York—so ridiculous that many will not think it worth while to try; it is nevertheless a sure cure:

"All you have to do is to lie down; stretch your head back as far as possible; open your mouth widely; then hold two fingers above the head, well back, so that you have to strain the eyes to see them; gaze intently upon them and take long, full breaths. In a short time you will be relieved of that troublesome hiccough.

"Now I have tried that sure cure on all sorts of cases, from the simple form to the chronic, and it works well with all. I remember it was given to a man on the way to New York to consult a specialist on his case—one of six months' standing—and it cured him in a few minutes. He turned around and said: 'What do you charge for that?' 'Nothing,' was the reply, 'except that you publish it to sufferers.'"—*Charlotte Med. Journal.*

Protoplasm up to Date.

Protoplasm was formerly described as a homogeneous structureless jelly, but it is now clearly proved to be of various kinds, differing in each organism, and in different animals. It is of very complicated formation; a more or less delicate network of interwoven fibers forming the basis, and a clear watery fluid permeating its meshes, to soften its solidity. These fibres are strung with infinitesimal granules, which move to and fro along their length, aad their activity seems to be perpetual. They are apparently without structure, but they are supposed to vary in their composition, and to be capable of even minute subdivision.

Protoplasm cells contain, besides the clear protoplasm, a nucleus (which again contains minute fibres, fluids and granules), and also a compound called nuclein, in the form of dots, granules or rods, variously arranged, and it is frequently found enclosed in a tubula. This nuclein contains all the properties of the whole protoplasm, and in many instances all the essential characters of the animal or plant to which the particular cell belongs, and probably all the hereditary characters which the plant may transmit to its offspring.—*Times and Register.*

On the use of Bromide of Potassium and Salicylate of Sodium in Headache.

Dr. Brunton, in *Practitioner*, first alludes to the fact that absorption from the stomach frequently ceases entirely during a headache, and drugs given by the mouth have then no effect. The only treatment in such cases is

morphine, hypodermically; but the possibility of establishing the morphine habit must be kept in mind.

He estimates that 80 to 90 per cent. of all headaches are due to defects of vision, uncorrected hypermetropia, myopia, astigmatism, inequality of the focal distance of the two eyes, and imperfect convergent power; 10 per cent to decayed teeth; and about 5 per cent. to disorders of the nose, throat, ears, scalp, and other causes. Headache due to visual defects is generally frontal, temporal, or occipital; but in one case recorded in the paper it was about 2½ inches below, and one inch to the right of, the occipital protuberance. In those cases associated with unequal visual power of the two eyes, it frequently affects the side of the weaker one.

A very common form of headache begins with unwonted irritability at night, which, however, is not always present. The patient wakes at four, five, or six o'clock in the morning, but feels disinclined to move, turns over, and goes to sleep again. He again wakes at seven or eight o'clock, with a distinct, but not severe headache, which increases as the day goes on, becoming very severe in the evening, and culminating in vomiting, which is followed by relief. If, however, he gets up when first waking, he generally escapes. These headaches may frequently be prevented by taking pot. brom. grs. $\frac{30}{35}$, with sodii salicyl. grs. $\frac{10}{15}$, in a tumblerful of water, when the feeling of irritability appears in the evening, or, in the absence of that, when waking early in the morning; and this may be repeated once or twice.

The two drugs combined act much better than either of them separately.

Dr. Brunton concludes his paper by contrasting our present armament of treatment of headache with that of twenty years ago; for whereas then we had slight power over them, now we are able to cure or relieve nine out of ten cases by attention to the eyes and teeth, and the use of bromides, salicylates, antipyrin, phenacetin, exalgine, and other remedies synthetically produced.—Robert E. Lord in *Manchester Med. Chron.*

The Antitoxic Function of the Liver.

Professor Bouchard attaches great importance to the power of the liver cells to nullify the effects of the toxines manufactured in the intestines. The correctness of this has been corroborated by the experiments of Schiff, Heger, Roger, and others, who found that alkaloids injected into the branches of the portal vein were much less poisonous than when they were introduced into the general venous circulation. M. Pavlow has confirmed these results by a series of experiments of which I give a *resume*. If by means of a ligature placed on the portal vein, the blood is compelled to deviate from the liver and pass directly into the general circulation, poisonous symptoms appear, consisting of fever and nephritis with albuminuria. That this nephritis is not due to hypertension of the blood in the renal vessels is proved by the fact that no such kidney trouble is caused by the ligature of the inferior vena cave, although this manœuvre is productive of a greater tension in the renal vessels than the operation in question. A wound artificially produced in an animal whose portal vein has been tied heals very slowly, whereas a similar wound in an animal where the inferior vena cava has been ligatured cicatrises without difficulty. The conclusion is that when the blood is prevented from passing through the liver toxæmia occurs, which is solely due to the fact that the liver no longer plays a protective role against toxtines which are being continually fabricated in the alimentary canal.—*Medical Bulletin.*

The Diagnosis and Prophylaxis of Intracranial Complications from Ear Disease.

By P. M'Bride, M. D.—This is an interesting contribution to the literature of the intracranial affections which may follow disease of the ear. Those which he specially considers are (1) meningitis, (2) phlebitis of the cerebral sinuses, and (3) abscess. In dealing with the symptoms manifested by such patients, the first point to be attended to is to have a careful objective examination of the ear made. If a patient suffers from chronic suppuration of the middle ear, and at the same time shows evidence of intra-cranial inflammation, probability points to the former being the cause of the latter, and presumptive evidence of the connection of the two, as cause and effect, is afforded, if the history points to pain localized in the ear as having preceded more diffused headache. The common belief that perforation of Shrapnell's membrane more frequently leads to intra-cranial complications is not shared by him. In estimating the probability or the reverse of the extension of inflammation from the ear to the endo-cranium, much importance is attached to the presence or absence of fetor. The first manifestation of danger is almost invariably pain in the ear or over the mastoid, the latter, indicating the spread of the inflammation in an outward direction, being favorable in character. Pain in the ear is soon followed by diffuse headache, and vomiting may or may not occur. The preparation of an hourly temperature-chart is recommended, and if marked fluctuations within short periods, if rigors be severe and frequent, and associated with perspirations, septic thrombosis, usually involving the sigmoid sinus, may be suspected.

In cases of intra-cranial abscess, Dr. M'Bride depends, for purposes of differentiation, on pulse, temperature, and percussion tenderness, the two former being of the most importance. But, when all has been said, the diagnosis of intra-cranial abscess can rarely be arrived at with any degree of certainty.

In considering the question of prophylaxis, excision of the tympanic membrane and malleus, with or without removal of the

incus, opening of the mastoid antrum and Stacke's operation are specially discussed, and the difficulty of the question of when to recommend an operation is carefully considered.—*Edinburgh Medical Journal.*

External Periostitis Suppurative following Acute Attical Inflammation.

The child, five years old, had had measles three weeks before onset of pain in the ear. On examination of the tympanitic membrane, the membrana flaccida was found to be deeply injected. Under treatment, the pain abated; but within ten days the cheek and front of the ear swelled, which, on examination was found to be due to an external periostitis near the junction of the bony and cartilaginous canal. The abscess which formed was opened in front of the tragus, the cavity washed out, and a portion of necrosed bone removed.—*Archives of Pediatrics.*

Poisoning from Veal.

A German ppysician, Dr. Van Ermengen, recently investigated the cauie of an outbreak of gastro-intestinal inflammation involving fifty-six person, four of whom died. The suspected cause was the flesh of two calves. On investigation it was found that the calves, when killed, were afflicted with a sickness of some sort. Examination of a portion of the body of one of these animals, and of the liver, spleen, and intestines of one of the victims of the poisoning, revealed a germ closely resembling those known to be the cause of hog cholera.

Leprosy not Hereditary.

The rapid development of this disease in the Sandwich Islands and in India, and the death of Father Damien, resulted in the establishment, by the English Government, of a Leprosy Commission to investigate this disease. They found that the first case of leprosy in the Sandwich Islands occurred in 1830,—sixty-four years ago,—since which time it has increased until at the present time there is one leper to every thirty healthy persons in the Sandwich Islands. There are at the present time more than 1000 lepers at the Leper Asylum on the island of Molokai. In India there is one leper to every 2000 persons. By careful inquiry, the Commission learned that of healthy persons who associated closely with lepers, eating and drinking with them, 700 in 10,000 became lepers. Even the earth trodden by lepers is found to contain the germs of this disease.

The Commission concludes that leprosy is not hereditary. They bslieve that the soil and air of India have become so charged with the germs of this disease that any person who is susceptible to it is likely to come in contact with it somewhere, at some time, and become infected by it.

Recent investigations seem to show a possible relation between this disease and tuberculosis, or what is commonly known as consumption. The germs of the two diseases are so nearly alike that it requires an expert to distinguish them; they do not differ more than do the germs of leprosy obtained from different localities.

Diagnosis of Diphtheria.

Dr. Wethered recently reported to the London Medical Society the results of a study of twenty-six cases of diphtheria and sixteen of follicular tonsilites. The study was made by means of bacteriological cultures upon glycerine agar-agar in large test-tubes. The test-tubes were then placed in an incubator at a temperature of 73° C. for twenty-four hours, when the cultures were examined microscopically. In the sixteen cases of follicular tonsilitis, staphylococcus only was found. In the twenty-six cases of diphtheria the Lœffler bacillus was found in fifteen cases, streptococcus in three cases, and staphylococcus in eight cases.

A New Role for Bacteria.

M. Tischutkin maintains that the so-called carnivorous plants are incapable of digesting albumen; but that their sole characteristic property resides in their ability to absorb albumen which has been digested by bacteria. These are the conclusions which he draws from a careful study of the subject:

"1. The disintegration of albuminous compounds by the secretions of carnivorous plants is due to the growth of micro-organisms, principally bacteria.

"2. Micro-organisms possessing the power of dissolving albuminous compounds always vegetate in the secretions of completely developed carnivorous plants.

"3. The disintegration of the albumen does not commence at the moment of the secretion of the fluid, but only after micro-organisms have developed in sufficient numbers in the secretion.

"4. The micro-organisms found on the leaves of carnivorous plants come principally from the air, though they may be derived from other sources.

"5. The name 'carnivorous' plants is to be understood in the sense that the plants only assimilate the products which the lower organisms have set free.

"6. The role of the plant itself is only to furnish a medium in which certain organisms may live and develop."

The Problem of the Etiology of Menstruation.

There is an activity of interest now manifest in the perplexing problem of the etiology of menstruation. One of the most interesting papers presented to the profession within the year, was read before the British Gynecological Society by Christopher Martin, M. B. Edin., F.R.C.S. Eng., Surgeon to the Birmingham and Midland Hospital for Women. His title was "The Nerve Theory of Menstruation." We have not space to follow his very

interesting reasoning nor the process by which he arrives at his conclusions, but his opinion is as follows: "The position of the menstrual centre can at present, only be surmized, but there is reason to believe that it will probably be found in the lumbar enlargement of the spinal chord. This portion of the chord is intimately associated with all the pelvic functions. It has been proved to contain, in the human being, the centres (*a*) for micturition, (*b*) for defecation, ond (*c*) for erection and ejaculation. Experiments on animals have demonstrated that it contains a center governing the act of parturition. . . . And if the parturition center be found there, the menstrual center will be not far away. The center is certainly not in the pelvis. There are ganglia in the substance of the uterus, ganglia in the nerve plexuses at the side of the uterus between the layers of the broad ligament, and on the cervix is situated a large ganglionic mass, developed in connection with the utero-vaginal plexus, called the "ganglion cervicale uteri." If these ganglia have anything at all to do with menstruation, they are certainly controlled by a higher center.

The La Borde Method.

Professor Coutenot (Besancon) was recently lecturing to his students on asphyxia, and, as a young girl had just died in the hospital from tubercular meningitis, the idea struck him to go to the corpse and give a practical lesson on the new method of treatment by traction of the tongue. What was his astonishment, as well as that of his assistants, when, after a few minutes, he saw the respiration returning, the heart beating, and the face becoming colored.

This phenomenon lasted three-quarters of an hour. Death really existed, but the reflex action of the bulb—a respiratory centre—had not totally disappeared, and the traction had stimulated the phrenic nerve to bring the diaphragm into temporary action.

Failure of this resuscitating method would appear to afford an indubitable test of death. —*Times and Register.*

Recurrent Tonsillitis.

Dr. G. A. Leland, in the *Boston Med. and Surg. Journal*, describes a method of dealing with tonsils in recurrent tonsilitis. He divides the tissues between the crypts by knife, scissors, and hooks, removing the tabs of tissues, and painting the surface with iodine and glycerine (Mandl.) This operation is frequently repeated, and in the author's hands, is uniformly successful; it is especially of service when tonsilotomy is objected to. He describes two somewhat scythe-shaped knives, which are introduced at one and brought out at another crypt, cutting the tissues between. —*Ex.*

SURGERY.

A Case of Primary Tuberculosis of the Mastoid Process.

Dr. Herman Knapp, of New York, describes the case of a child, aged five, whose right mastoid and supra-auricular portion of the temporal bone were swollen, ulcerated, granulating, and discharging fœtid matter. Both auricles, meati, tympanic membranes and tympani were perfectly normal, as far as could be discovered by physical examination, and the hearing in both ears was unimpaired. This affection of the mastoid was only a part of a widespread bone-affection, as the child had a granulating ulcer around the left ankle and necrosed bone around both orbits.—*Archives of Otology.*

OBSTETRICS.

The Treatment of Uterine Inertia Without Drugs or Tonics.

Van Waters (*New York Medicat Journal*, June 24, 1893,) remarks that the beneficial action of a suppository in the rectum in constipation is widely known. He asks: Why should not the same good result follow the use of a suppository in uterine inertia, and what more ready and effective suppository could we have than the hand? Hence, when the case has so far progressed that we are satisfied it is time for delivery to take place and yet inertia has supervened, the hands should be rendered strongly aseptic by the use of water, soap and a brush, and afterward immersion in a creolin solution. Then, after the administration of a little chloroform, the hand, well annointed with vaseline, should be gradually and slowly introduced into the vagina. As soon as it has remained there a few minutes pains will commence and increase in severity, in some cases to such an extent that the hand has to be withdrawn. In those cases in which Van Wates has resorted to this procedure the results have been most gratifying.—*The University Medical Magazine.*